

OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Lincoln  
 Cartridge or Bag Filtration

Jan

System Name: SAWYERS LANDING RV PARK ID #: OR4192061 WTP: WTP-A Month/Year:

2021

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	48	38	10	25		.12
2	48	38	10	25		.14
3	48	38	10	25		.17
4	49	38	11	25		.15
5	49	38	11	25		.12
6	49	38	11	25		.19
7	49	38	11	25		.16
8	49	36	11	25		.12
9	49	38	11	25		.19
10	49	38	11	25		.14
11	49	38	11	25		.14
12	49	38	11	25		.09
13	49	38	11	25		.10
14	49	39	10	25		.11
15	49	39	10	25		.17
16	49	39	10	25		.20
17	49	39	10	25		.16
18	49	39	10	25		.17
19	49	39	10	25		.20
20	49	39	10	25		.14
21	49	39	10	25		.09
22	49	39	10	25		.17
23	49	39	10	25		.19
24	49	40	9	25		.19
25	49	40	9	25		.17
26	49	40	9	25		.14
27	49	40	9	25		.16
28	49	40	9	25		.09
29	50	40	10	25		.15
30	50	40	10	25		.10
31	50	40	10	25		.19

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: John Gump	DATE: 2-7-21
		SIGNATURE: [Signature]	CERT #:
		PHONE #: (541) 265-3907	

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

## OHA - Drinking Water Program - Surface Water Quality Data Form

SAWYERS LANDING RV PARK ID #: OR4192061 WTP-: WTP-A Month/Year: Jan 2021

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp ↓	pH ↑	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	2.2	80	176	9.1	7.4	68	Y	450
2/	2.0	80	160	9.3	7.4	68	Y	770
3/	2.2	80	176	9.4	7.4	68	Y	250
4/	2.3	80	184	9.4	7.4	70	Y	540
5/	2.3	80	184	9.5	7.4	70	Y	710
6/	2.5	80	200	9.4	7.4	71	Y	510
7/	2.5	80	200	9.6	7.4	71	Y	900
8/	2.3	80	184	10.2	7.4	70	Y	590
9/	2.2	80	176	10.1	7.4	68	Y	740
10/	2.0	80	160	9.8	7.4	68	Y	510
11/	2.0	80	160	9.9	7.4	68	Y	720
12/	2.2	80	176	9.8	7.4	68	Y	410
13/	2.3	80	184	9.5	7.4	70	Y	380
14/	2.2	80	176	9.7	7.4	68	Y	550
15/	2.1	80	168	9.8	7.4	68	Y	810
16/	2.3	80	184	9.9	7.4	70	Y	940
17/	2.2	80	176	9.5	7.4	70	Y	740
18/	2.1	80	168	9.7	7.4	68	Y	800
19/	2.2	80	176	9.2	7.4	68	Y	760
20/	2.2	80	176	9.1	7.4	68	Y	600
21/	2.3	80	184	9.1	7.4	68	Y	440
22/	2.4	80	192	9.3	7.4	70	Y	490
23/	2.5	80	200	9.1	7.4	71	Y	830
24/	2.5	80	200	9.4	7.4	71	Y	500
25/	2.4	80	192	9.2	7.4	70	Y	890
26/	2.1	80	168	9.1	7.4	68	Y	350
27/	2.0	80	160	9.0	7.4	68	Y	460
28/	2.3	80	184	9.2	7.4	68	Y	650
29/	2.4	80	192	9.3	7.4	70	Y	440
30/	2.3	80	184	9.4	7.4	68	Y	600
31/	2.3	80	184	9.3	7.4	68	Y	710

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.

Download form at: [www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)