

OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Lincoln

Cartridge or Bag Filtration

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

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	50	40	10	25		.16
2	50	40	10	25		.14
3	50	40	10	25		.17
4	50	40	10	25		.14
5	50	40	10	25		.11
6	50	40	10	25		.19
7	50	40	10	25		.18
8	50	40	10	25		.13
9	50	40	10	25		.14
10	51	40	11	25		.11
11	51	40	11	25		.12
12	51	40	11	25		.20
13	51	40	11	25		.13
14	51	40	11	25		.13
15	51	41	10	25		.13
16	51	41	10	25		.16
17	51	41	10	25		.14
18	51	41	10	25		.15
19	51	41	10	25		.20
20	51	41	10	25		.14
21	51	41	10	25		.19
22	51	41	10	25		.20
23	51	41	10	25		.15
24	51	41	10	25		.11
25	51	41	10	25		.17
26	51	41	10	25		.13
27	51	41	10	25		.12
28	51	42	9	25		.12
29						
30						
31						

<p>Cartridge Filtration</p> <p>95% of daily turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes / No All daily turbidity readings \leq 5 NTU? <input checked="" type="radio"/> Yes / No</p> <p>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.</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No</td> <td style="width: 67%;">All Cl₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / No</td> </tr> </table> <p>PRINTED NAME: John Gagg</p> <p>SIGNATURE: <i>[Signature]</i> DATE: 3-1-21</p> <p>PHONE #: () </p> <p>CERT #:</p>	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / No
CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / No		

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: .

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp ↓	pH ↑	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	2.2	80	176	8.9	7.4	69	Y	540
2/	2.0	80	160	9.1	7.4	67	Y	390
3/	1.9	80	152	9.3	7.5	67	Y	230
4/	1.8	80	144	9.5	7.5	65	Y	730
5/	1.9	80	152	9.6	7.5	67	Y	360
6/	1.8	80	144	9.7	7.5	65	Y	700
7/	1.8	80	144	9.8	7.5	65	Y	630
8/	1.7	80	136	9.3	7.5	65	Y	550
9/	1.7	80	136	9.1	7.5	65	Y	680
10/	1.5	80	120	9.2	7.5	64	Y	390
11/	1.6	80	128	9.1	7.5	64	Y	590
12/	1.7	80	144	9.0	7.5	65	Y	500
13/	1.4	80	112	9.4	7.5	62	Y	570
14/	1.5	80	120	9.5	7.5	64	Y	860
15/	1.6	80	128	9.5	7.5	64	Y	270
16/	1.7	80	136	9.4	7.5	65	Y	570
17/	1.8	80	144	9.6	7.5	65	Y	540
18/	1.7	80	136	9.6	7.4	65	Y	510
19/	1.7	80	136	9.5	7.4	65	Y	720
20/	1.7	80	136	9.6	7.4	65	Y	560
21/	1.5	80	120	9.9	7.4	64	Y	560
22/	1.5	80	120	9.8	7.4	64	Y	490
23/	1.6	80	128	9.7	7.4	64	Y	670
24/	1.7	80	136	9.8	7.4	65	Y	740
25/	1.8	80	144	9.3	7.4	65	Y	320
26/	1.5	80	120	9.2	7.4	64	Y	710
27/	1.5	80	120	9.4	7.4	64	Y	635
28/	1.4	80	112	9.6	7.4	62	Y	710
29/								
30/								
31/								

² If Cl₂ 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