

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: **June 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	65	54	11	25		.12
2	66	53	10	25		.16
3	65	55	10	25		.13
4	65	55	10	25		.17
5	66	55	11	25		.14
6	66	55	11	25		.109
7	66	55	11	25		.11
8	68	57	11	25		.19
9	68	57	11	25		.09
10	68	57	11	25		.11
11	70	60	10	25		.19
12	70	60	10	25		.12
13	70	60	10	25		.109
14	71	60	11	25		.13
15	71	60	11	25		.11
16	71	60	11	25		.17
17	72	61	11	25		.11
18	72	61	11	25		.109
19	72	61	11	25		.18
20	72	61	11	25		.109
21	73	63	10	25		.109
22	73	63	10	25		.14
23	73	63	10	25		.10
24	73	63	10	25		.19
25	74	63	11	25		.13
26	74	63	11	25		.09
27	74	63	11	25		.11
28	74	63	11	25		.19
29	74	63	11	25		.19
30	75	64	11	25		.12
31						

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	PRINTED NAME: John Gage SIGNATURE: <i>[Signature]</i> DATE: 7-1-21		
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.	PHONE #: (541) 365-3907	CERT #:	

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 #: OR4102061 WTP-: WTP-A Month/Year: June 2021

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/	1.9	80	152	17.0	7.6	41	Y	860
2/	2.3	80	194	16.4	7.6	41	Y	740
3/	2.2	80	176	16.5	7.6	41	Y	1820
4/	1.7	80	136	16.3	7.6	40	Y	1690
5/	1.6	80	128	16.2	7.6	40	Y	1310
6/	1.7	80	136	16.1	7.6	40	Y	1740
7/	1.8	80	144	16.2	7.6	41	Y	790
8/	2.2	80	176	16.3	7.7	41	Y	970
9/	2.0	80	160	16.5	7.7	41	Y	1100
10/	2.1	80	168	16.7	7.7	41	Y	1260
11/	1.8	80	144	15.6	7.7	40	Y	880
12/	1.9	80	152	16.6	7.7	40	Y	1460
13/	2.0	80	160	16.7	7.7	41	Y	1130
14/	2.0	80	160	16.6	7.7	41	Y	1310
15/	2.2	80	176	16.8	7.7	41	Y	990
16/	1.9	80	152	16.9	7.7	41	Y	950
17/	1.9	80	144	17.1	7.7	40	Y	1170
18/	1.9	80	152	17.0	7.7	41	Y	1140
19/	1.6	80	128	17.1	7.7	40	Y	1560
20/	1.7	80	136	17.4	7.7	40	Y	1690
21/	1.8	80	144	17.3	7.7	40	Y	1010
22/	1.7	80	136	17.1	7.7	40	Y	2030
23/	2.0	80	160	17.7	7.7	41	Y	1660
24/	2.0	80	160	18.0	7.7	41	Y	1300
25/	1.9	80	152	18.7	7.7	41	Y	2320
26/	1.8	80	144	19.1	7.7	40	Y	1410
27/	1.9	80	152	18.9	7.7	41	Y	1420
28/	2.1	80	168	19.2	7.7	41	Y	1120
29/	2.0	80	160	18.4	7.7	41	Y	3070
30/	2.3	80	184	19.1	7.7	41	Y	810
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/Health/Environments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf