

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 ¹ [NTU]
1	75	64	11	25		114
2	75	64	11	25		111
3	75	64	11	25		117
4	77	67	10	25		113
5	77	67	10	25		119
6	77	67	10	25		112
7	78	68	10	25		117
8	78	68	10	25		109
9	78	68	10	25		111
10	79	68	11	25		110
11	79	68	11	25		114
12	79	69	10	25		111
13	81	71	10	25		116
14	81	71	10	25		118
15	81	71	10	25		115
16	82	72	10	25		115
17	21	19	2	25		119
18	21	19	2	25		113
19	21	19	2	25		111
20	22	20	2	25		109
21	22	20	2	25		108
22	22	20	2	25		114
23	24	20	4	25		116
24	24	20	4	25		111
25	24	20	4	25		117
26	24	20	4	25		113
27	39	30	9	25		115
28	39	30	9	25		110
29	39	30	9	25		108
30	41	30	11	25		114
31	41	30	11	25		108

Cartridge Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 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
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 Gage	
	SIGNATURE: <i>[Signature]</i>	DATE: Aug 1 2021
	PHONE #: (541) 265-3907	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 #: OR4192061 WTP-: WTP-A Month/Year: July 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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	2.2	80	176	19.3	7.7	41	Y	2090
2/	2.1	80	168	19.1	7.7	41	Y	2170
3/	1.9	80	152	19.4	7.7	41	Y	810
4/	2.0	80	160	19.7	7.7	41	Y	3990
5/	1.8	80	144	19.8	7.7	40	Y	2270
6/	1.7	80	136	19.5	7.6	40	Y	1390
7/	1.8	40	144	18.7	7.6	40	Y	510
8/	1.8	80	144	18.5	7.6	40	Y	1660
9/	1.9	80	152	18.8	7.6	41	Y	1680
10/	2.0	80	160	18.6	7.6	41	Y	1460
11/	2.1	80	168	18.4	7.6	41	Y	2280
12/	2.0	80	160	18.2	7.6	41	Y	1560
13/	1.8	80	144	18.3	7.6	40	Y	1090
14/	1.8	80	144	18.5	7.6	40	Y	540
15/	1.9	80	152	18.8	7.6	40	Y	1200
16/	1.8	80	144	19.0	7.6	40	Y	1480
17/	1.9	80	152	19.1	7.6	41	Y	1440
18/	2.0	80	160	19.3	7.6	41	Y	3530
19/	2.1	80	168	19.2	7.6	41	Y	1370
20/	2.3	80	184	19.0	7.7	41	Y	930
21/	2.4	80	192	18.7	7.7	42	Y	1120
22/	2.4	80	192	18.9	7.7	42	Y	1220
23/	2.2	80	176	19.1	7.6	41	Y	1730
24/	2.1	80	168	19.2	7.6	41	Y	2710
25/	2.2	80	176	18.7	7.6	41	Y	1830
26/	2.3	80	184	18.9	7.6	41	Y	2150
27/	2.2	80	176	19.4	7.5	41	Y	1320
28/	2.3	80	184	19.9	7.5	41	Y	1440
29/	2.2	80	176	19.6	7.4	41	Y	1900
30/	2.1	80	168	19.1	7.4	41	Y	2340
31/	1.8	80	144	18.7	7.4	40	Y	990

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