

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: **Sept 2021**

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	46	33	13	25		.17
2	46	33	13	25		.11
3	48	35	13	25		.09
4	49	35	14	25		.16
5	49	35	14	25		.11
6	49	35	14	25		.19
7	50	36	14	25		.18
8	50	36	14	25		.11
9	55	40	15	25		.09
10	57	40	17	25		.12
11	57	40	17	25		.20
12	58	40	18	25		.15
13	58	40	18	25		.16
14	58	40	18	25		.13
15	59	41	18	25		.17
16	60	40	20	25		.19
17	60	40	20	25		.11
18	60	40	20	25		.09
19	62	40	22	25		.14
20	63	41	22	25		.17
21	65	41	24	25		.09
22	65	41	24	25		.19
23	67	41	26	25		.11
24	67	41	26	25		.17
25	68	42	26	25		.13
26	68	42	26	25		.11
27	69	42	26	25		.14
28	69	43	26	25		.09
29	69	43	26	25		.20
30	69	43	26	25		.15
31						

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<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 Gayle SIGNATURE: <i>[Signature]</i> PHONE #: (541) 265-3907	DATE: 10-1-21 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: Sept 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/	1.8	80	144	18.6	7.4	40	Y	1040
2/	1.7	80	136	18.8	7.4	40	Y	1010
3/	1.8	80	144	18.1	7.4	40	Y	240
4/	1.5	80	120	18.5	7.4	39	Y	1960
5/	1.6	80	128	18.7	7.4	39	Y	2770
6/	1.6	80	128	18.4	7.4	39	Y	1820
7/	2.1	80	168	18.4	7.4	41	Y	1396
8/	1.8	80	144	18.4	7.4	40	Y	490
9/	1.9	80	152	18.1	7.4	40	Y	1540
10/	1.9	80	152	18.6	7.4	40	Y	3010
11/	1.9	80	152	18.0	7.5	33	Y	740
12/	1.6	80	128	18.0	7.4	39	Y	1090
13/	1.7	80	136	18.2	7.4	40	Y	1040
14/	1.8	80	144	18.6	7.4	40	Y	1150
15/	1.9	80	152	18.3	7.4	40	Y	970
16/	1.6	80	128	18.1	7.4	32	Y	1130
17/	1.7	80	136	18.2	7.4	40	Y	970
18/	1.7	80	136	18.1	7.4	40	Y	850
19/	1.8	80	144	18.6	7.4	40	Y	940
20/	1.9	80	152	18.9	7.4	40	Y	980
21/	2.1	80	168	18.7	7.4	41	Y	860
22/	1.7	80	136	18.3	7.4	40	Y	1240
23/	1.8	80	144	18.6	7.4	40	Y	1300
24/	1.5	80	120	18.9	7.4	39	Y	870
25/	1.6	80	128	18.4	7.4	39	Y	1750
26/	1.7	80	136	17.8	7.4	40	Y	1590
27/	2.0	80	160	18.1	7.4	40	Y	460
28/	2.1	80	168	18.4	7.4	41	Y	800
29/	2.3	80	184	17.6	7.5	41	Y	1200
30/	2.2	80	176	17.9	7.5	41	Y	870
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