

**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 <sup>1</sup> [NTU]
1	64	43	26	25		.11
2	66	45	26	25		.14
3	66	46	25	25		.13
4	74	48	28	25		.20
5	74	41	33	25		.14
6	74	42	32	25		.10
7	75	42	31	25		.09
8	75	42	31	25		.13
9	77	44	33	25		.19
10	77	44	33	25		.12
11	77	45	32	25		.14
12	77	44	33	25		.09
13	77	44	33	25		.11
14	78	44	34	25		.08
15	78	44	34	25		.12
16	79	44	34	25		.16
17	78	43	33	25		.18
18	79	45	34	25		.14
19	79	45	34	25		.09
20	79	45	34	25		.19
21	79	45	34	25		.16
22	79	46	33	25		.11
23	79	46	33	25		.16
24	79	46	33	25		.08
25	80	46	34	25		.15
26	82	47	35	25		.11
27	82	47	35	25		.09
28	82	48	34	25		.16
29	83	48	33	25		.10
30	83	48	33	25		.09
31	83	49	33	25		.17

<b>Cartridge Filtration</b>	<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <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.	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
	PRINTED NAME: <b>John Gage</b>	DATE: <b>11-1-21</b>
	SIGNATURE: <i>[Signature]</i>	CERT #:
	PHONE #: <b>(541) 265-3907</b>	

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: OCT 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/	2.1	80	168	17.7	7.5	41	Y	720
2/	2.0	80	160	17.4	7.5	41	Y	890
3/	2.0	80	160	17.9	7.5	41	Y	1430
4/	1.8	80	144	16.6	7.6	40	Y	1300
5/	1.6	80	128	15.4	7.5	39	Y	1020
6/	1.4	80	112	15.3	7.5	39	Y	380
7/	1.5	80	120	15.8	7.5	39	Y	1460
8/	1.6	80	128	16.1	7.5	39	Y	880
9/	1.6	80	128	15.9	7.5	39	Y	1320
10/	2.0	80	160	15.1	7.6	41	Y	780
11/	2.1	80	168	14.3	7.6	61	Y	1050
12/	2.2	80	176	14.4	7.6	62	Y	720
13/	2.3	80	184	14.6	7.6	62	Y	830
14/	1.7	80	136	14.2	7.6	60	Y	1010
15/	1.8	80	144	14.2	7.6	60	Y	1750
16/	1.9	80	152	14.6	7.6	61	Y	770
17/	1.6	80	128	13.7	7.6	58	Y	890
18/	1.7	80	136	13.6	7.6	60	Y	1040
19/	1.9	80	152	13.4	7.6	61	Y	890
20/	1.7	80	136	13.3	7.6	60	Y	820
21/	1.8	80	144	13.9	7.6	60	Y	500
22/	1.7	80	136	13.7	7.6	60	Y	640
23/	1.6	80	128	13.5	7.6	58	Y	1200
24/	1.8	80	144	13.7	7.6	60	Y	790
25/	1.5	80	120	13.2	7.6	60	Y	570
26/	1.4	80	112	13.4	7.6	57	Y	940
27/	1.5	80	120	13.5	7.6	57	Y	420
28/	1.5	80	120	13.8	7.6	57	Y	620
29/	1.7	80	136	13.4	7.6	60	Y	840
30/	1.6	80	128	13.7	7.6	58	Y	900
31/	1.5	80	120	13.5	7.6	58	Y	810

<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)