

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: **Dec 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	23	21	2	25		.11
2	23	21	2	25		.14
3	23	21	2	25		.09
4	23	21	2	25		.14
5	24	22	2	25		.20
6	24	21	3	25		.19
7	24	21	3	25		.11
8	24	21	3	25		.13
9	24	21	3	25		.11
10	24	21	3	25		.10
11	24	22	2	25		.16
12	24	22	2	25		.14
13	24	22	2	25		.11
14	25	22	3	25		.20
15	25	22	3	25		.11
16	25	22	3	25		.09
17	25	22	3	25		.16
18	25	21	4	25		.17
19	25	21	4	25		.13
20	25	21	4	25		.09
21	25	21	4	25		.10
22	25	21	4	25		.12
23	26	21	5	25		.14
24	26	21	5	25		.19
25	26	21	5	25		.09
26	27	21	6	25		.14
27	27	21	6	25		.18
28	27	21	6	25		.11
29	27	22	5	25		.16
30	27	22	5	25		.11
31	27	22	5	25		.09

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	DATE: 1-1-22
		SIGNATURE: <i>[Signature]</i>	CERT #:
		PHONE #: (541) 265-3907	

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: Dec 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/	2.4	80	192	12.1	7.7	63	Y	730
2/	2.5	80	200	11.3	7.7	63	Y	960
3/	2.3	80	184	11.4	7.7	63	Y	480
4/	2.4	80	192	12.1	7.7	63	Y	670
5/	1.9	80	152	10.3	7.6	60	Y	730
6/	1.8	80	144	10.2	7.6	60	Y	780
7/	1.6	80	128	10.3	7.5	58	Y	710
8/	1.6	80	128	10.1	7.5	58	Y	190
9/	1.7	80	136	10.2	7.5	58	Y	420
10/	2.0	80	160	9.4	7.5	81	Y	420
11/	1.9	80	152	9.7	7.5	81	Y	400
12/	1.8	80	144	9.4	7.5	79	Y	660
13/	1.7	80	136	9.1	7.5	79	Y	550
14/	2.2	80	176	8.2	7.5	83	X	250
15/	2.1	80	168	8.5	7.6	81	Y	700
16/	2.0	80	160	9.4	7.6	81	Y	490
17/	2.1	80	168	9.6	7.6	81	Y	730
18/	2.3	80	184	9.8	7.6	84	Y	660
19/	2.4	80	192	9.7	7.6	84	Y	720
20/	2.2	80	176	9.5	7.6	83	Y	1100
21/	2.4	80	192	9.7	7.6	84	Y	1310
22/	2.5	80	200	9.4	7.6	86	Y	400
23/	2.4	80	192	9.8	7.6	84	Y	900
24/	2.6	80	208	9.1	7.6	86	Y	730
25/	2.5	80	200	7.8	7.6	86	Y	940
26/	2.4	80	192	7.4	7.6	84	Y	290
27/	2.5	80	200	7.3	7.6	86	X	760
28/	2.3	80	184	7.9	7.6	84	Y	1230
29/	2.6	80	208	7.1	7.6	86	Y	860
30/	2.5	80	200	7.0	7.6	86	Y	350
31/	2.6	80	208	6.4	7.6	86	Y	730

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