

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	27	22	5	25		.14
2	27	22	5	25		.11
3	27	22	5	25		.19
4	27	22	5	25		.13
5	28	22	6	25		.18
6	28	23	5	25		.13
7	28	23	5	25		.10
8	28	23	5	25		.16
9	28	23	5	25		.11
10	30	25	5	25		.20
11	31	26	5	25		.14
12	31	27	4	25		.09
13	32	27	5	25		.18
14	32	27	5	25		.10
15	33	27	6	25		.09
16	33	28	6	25		.19
17	34	27	7	25		.11
18	34	27	7	25		.18
19	34	27	7	25		.14
20	35	27	8	25		.09
21	35	27	8	25		.16
22	35	27	8	25		.12
23	35	27	8	25		.13
24	35	27	8	25		.09
25	36	27	9	25		.17
26	36	27	9	25		.08
27	36	27	9	25		.16
28	36	27	9	25		.11
29	36	27	9	25		.14
30	36	27	9	25		.10
31	36	28	8	25		.17

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	PRINTED NAME: John Gage		DATE: 2-1-22
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.	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:

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	6.7	7.6	81	Y	1400
2/	2.0	80	160	7.1	7.6	81	Y	1030
3/	1.8	80	144	7.9	7.6	79	Y	1460
4/	1.5	80	120	7.0	7.5	77	Y	2150
5/	1.6	80	128	7.1	7.5	77	Y	1090
6/	1.7	80	136	7.6	7.5	79	Y	1940
7/	1.7	80	136	7.9	7.5	79	X	1360
8/	1.9	80	152	7.8	7.5	81	Y	1610
9/	1.8	80	144	8.2	7.5	79	Y	1400
10/	2.2	80	176	9.0	7.5	83	Y	600
11/	2.3	80	184	9.5	7.5	83	Y	600
12/	2.1	80	168	9.6	7.5	83	X	780
13/	2.2	80	176	9.2	7.5	79	Y	560
14/	2.2	80	176	8.7	7.5	79	Y	700
15/	2.0	80	160	9.1	7.5	81	Y	810
16/	2.2	80	176	8.9	7.5	79	Y	830
17/	2.1	80	168	8.8	7.5	83	X	1060
18/	1.9	80	152	9.3	7.5	81	Y	800
19/	1.8	80	144	9.3	7.5	79	Y	730
20/	1.5	80	120	9.5	7.5	77	Y	700
21/	1.7	80	136	8.7	7.5	79	Y	810
22/	1.4	80	112	9.1	7.5	76	X	500
23/	1.6	80	128	9.4	7.5	77	Y	920
24/	1.7	80	136	9.9	7.5	79	X	670
25/	1.8	80	144	9.3	7.5	79	Y	940
26/	1.4	80	112	9.2	7.5	76	Y	1100
27/	1.5	80	120	9.1	7.5	77	Y	730
28/	1.6	80	128	9.3	7.5	77	Y	1030
29/	1.7	80	136	9.1	7.5	79	Y	790
30/	2.3	80	184	9.0	7.5	83	Y	750
31/	2.2	80	176	9.5	7.5	79	Y	1760

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