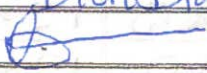


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Lincoln
Cartridge or Bag Filtration

System Name: **SAWYERS LANDING RV PARK** ID #: **OR4192061** WTP: **WTP-A** Month/Year: **February 2022**

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	36	28	8	25		.14
2	36	28	8	25		.11
3	36	28	8	25		.17
4	37	28	9	25		.18
5	37	29	8	25		.17
6	37	29	8	25		.08
7	38	29	9	25		.20
8	38	29	9	25		.11
9	38	29	9	25		.10
10	38	29	9	25		.18
11	38	30	8	25		.14
12	38	30	8	25		.08
13	38	30	8	25		.19
14	38	30	8	25		.16
15	39	31	8	25		.18
16	40	32	8	25		.08
17	40	32	8	25		.11
18	40	32	8	25		.18
19	40	32	8	25		.10
20	40	32	8	25		.12
21	41	32	9	25		.14
22	41	32	9	25		.20
23	42	33	9	25		.16
24	42	33	9	25		.17
25	42	33	9	25		.13
26	42	33	9	25		.16
27	42	34	8	25		.16
28	42	34	8	25		.11
29	43	34	9	25		.14
30						
31						

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? Yes / No	Yes / No	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / No
All daily turbidity readings ≤ 5 NTU? Yes / No	Yes / No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<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: Dion Blake	DATE: 3/2/22
		SIGNATURE: 	
		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: FEB 2022

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/	2.1	80	168	9.4	7.5	83	Y	500
2/	2.3	80	184	9.6	7.5	84	Y	220
3/	2.3	80	184	9.4	7.6	84	Y	830
4/	2.2	80	176	9.2	7.6	84	Y	930
5/	2.1	80	168	8.4	7.6	83	Y	880
6/	2.0	80	160	8.6	7.6	81	Y	850
7/	2.1	80	168	9.2	7.6	83	Y	700
8/	2.3	80	184	9.5	7.6	84	Y	910
9/	1.9	80	152	8.1	7.5	81	Y	340
10/	1.8	80	144	8.9	7.5	79	Y	1360
11/	1.9	80	152	9.5	7.5	81	Y	800
12/	2.1	80	168	9.6	7.5	83	Y	960
13/	2.0	80	160	9.3	7.5	81	Y	980
14/	1.8	80	144	9.4	7.5	79	Y	570
15/	1.6	80	128	9.7	7.5	77	Y	870
16/	2.2	80	176	9.9	7.5	83	Y	610
17/	2.2	80	176	9.9	7.5	83	Y	800
18/	2.1	80	168	9.7	7.5	83	Y	710
19/	2.2	80	176	9.3	7.5	83	Y	460
20/	1.8	80	144	9.4	7.5	79	Y	790
21/	1.6	80	128	8.7	7.5	77	Y	710
22/	1.7	80	136	8.7	7.6	79	Y	780
23/	1.8	80	144	8.1	7.6	79	Y	2230
24/	1.9	80	152	8.7	7.6	81	Y	2310
25/	2.2	80	176	9.2	7.6	83	Y	1200
26/	2.1	80	168	9.4	7.6	83	Y	990
27/	2.0	80	160	9.7	7.6	81	Y	1230
28/	1.6	80	128	9.7	7.6	77	Y	800
29/	1.7	80	136	9.4	7.6	79	Y	910
30/								
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