

**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: **March 2022**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	43	34	9	25		.11
2	43	34	9	25		.10
3	43	34	9	25		.18
4	43	34	9	25		.19
5	44	35	9	25		.18
6	46	37	9	25		.20
7	46	37	9	25		.11
8	46	37	9	25		.14
9	46	37	9	25		.12
10	46	37	9	25		.13
11	47	37	10	25		.11
12	47	37	10	25		.09
13	47	37	10	25		.15
14	47	38	9	25		.10
15	47	38	9	25		.19
16	47	38	9	25		.14
17	48	38	10	25		.12
18	48	38	10	25		.11
19	48	38	10	25		.10
20	48	38	10	25		.09
21	48	38	10	25		.15
22	48	39	9	25		.13
23	48	39	9	25		.12
24	48	39	9	25		.14
25	49	40	9	25		.16
26	49	40	9	25		.12
27	50	41	9	25		.13
28	50	41	9	25		.11
29	50	41	9	25		.08
30	50	41	9	25		.09
31	50	41	9	25		.14

Cartridge Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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 Gage	DATE: 4-1-22
	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: March 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/	1.9	80	144	9.2	7.6	74	Y	910
2/	1.9	80	152	9.1	7.6	81	Y	740
3/	1.7	80	136	9.3	7.6	79	Y	1370
4/	1.5	80	120	9.9	7.6	77	Y	990
5/	1.5	80	120	9.7	7.6	77	Y	810
6/	1.6	80	128	10.1	7.6	60	Y	1110
7/	1.5	80	120	8.2	7.5	58	Y	230
8/	1.6	80	128	9.1	7.5	60	Y	1060
9/	1.9	80	152	9.3	7.5	60	X	630
10/	2.2	80	176	9.5	7.5	62	X	1080
11/	2.1	80	168	9.3	7.5	62	Y	920
12/	2.3	80	184	9.4	7.5	63	Y	960
13/	2.2	80	176	9.3	7.5	62	X	420
14/	2.0	80	160	9.7	7.5	61	Y	800
15/	2.2	80	176	9.8	7.5	62	Y	670
16/	2.0	80	160	9.5	7.5	61	Y	950
17/	2.0	80	160	10.2	7.6	61	Y	1440
18/	1.9	80	152	9.8	7.6	60	Y	950
19/	1.8	80	144	9.9	7.6	74	Y	1130
20/	1.8	80	144	9.8	7.6	79	Y	940
21/	1.7	80	136	9.7	7.6	79	Y	760
22/	1.6	80	128	9.9	7.6	60	Y	460
23/	1.6	80	128	9.3	7.6	60	Y	1740
24/	1.5	80	120	9.8	7.6	58	Y	950
25/	1.7	80	136	9.7	7.6	79	Y	480
26/	1.8	80	144	9.9	7.6	74	Y	1290
27/	1.9	80	152	11.9	7.6	61	Y	1680
28/	2.3	80	184	12.1	7.6	63	Y	1450
29/	2.2	80	176	12.2	7.6	62	Y	810
30/	2.3	80	184	12.0	7.6	63	Y	710
31/	2.2	80	176	12.3	7.6	62	Y	1150

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/HealthvEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf