

**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: **April 2022**

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	50	41	9	25		114
2	50	41	9	25		109
3	51	41	10	23		111
4	51	41	10	23		110
5	51	42	9	25		114
6	51	42	9	25		113
7	51	42	9	25		111
8	52	42	10	23		104
9	52	42	10	23		114
10	52	42	10	23		118
11	52	42	10	23		109
12	52	43	9	25		115
13	52	43	9	25		111
14	52	43	9	25		109
15	53	43	10	23		112
16	53	43	10	23		110
17	53	43	10	23		112
18	54	43	11	23		109
19	54	46	8	25		110
20	54	46	8	25		112
21	54	46	8	23		114
22	54	46	8	23		116
23	55	46	9	25		111
24	55	46	9	23		118
25	55	46	9	23		109
26	55	47	8	23		113
27	55	47	8	25		115
28	56	49	7	25		114
29	56	49	7	23		109
30	56	49	7	23		117
31						

<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	All Cl <sub>2</sub> 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: <b>John Gagan</b>	DATE: <b>5-1-22</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: April 2022

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/	2.4	80	192	11.9	7.6	63	Y	760
2/	2.3	80	184	12.3	7.6	63	Y	1510
3/	1.8	80	144	12.1	7.6	60	Y	1180
4/	1.8	80	144	11.7	7.6	60	Y	950
5/	1.9	80	112	12.3	7.6	57	Y	780
6/	1.5	80	120	11.9	7.6	58	Y	710
7/	1.7	80	136	12.5	7.6	60	Y	1810
8/	2.4	80	192	12.1	7.6	63	Y	790
9/	2.3	80	184	12.3	7.6	63	Y	1220
10/	1.9	80	152	11.9	7.6	60	Y	750
11/	1.6	80	128	11.8	7.6	58	Y	1080
12/	1.8	40	144	11.2	7.6	60	Y	850
13/	1.9	80	152	11.1	7.6	60	Y	790
14/	1.7	80	136	11.5	7.6	60	Y	500
15/	1.6	80	128	11.3	7.6	60	Y	1130
16/	1.6	80	128	11.4	7.6	60	Y	1270
17/	1.8	80	144	12.1	7.6	60	Y	1130
18/	1.7	80	136	11.5	7.6	60	Y	720
19/	1.9	80	152	10.1	7.6	60	Y	850
20/	2.2	80	176	10.5	7.6	62	Y	910
21/	2.2	80	176	11.6	7.7	62	Y	990
22/	2.1	80	168	11.9	7.7	62	Y	1070
23/	2.0	80	160	12.1	7.7	61	Y	1080
24/	1.6	80	128	12.3	7.7	59	Y	1730
25/	1.5	80	120	12.4	7.7	58	Y	730
26/	1.7	80	136	11.9	7.7	60	Y	1040
27/	1.7	80	136	11.3	7.7	60	Y	920
28/	1.8	80	144	11.2	7.7	60	Y	960
29/	1.9	80	152	11.4	7.7	60	Y	930
30/	1.8	80	144	11.5	7.7	60	Y	720
31/								

<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/Health/Environments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://www.public.health.oregon.gov/Health/Environments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)