

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: **MAY 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	56	49	7	25		109
2	56	49	7	25		112
3	57	51	6	25		111
4	57	51	6	25		114
5	57	51	6	25		109
6	58	51	7	25		116
7	58	51	7	25		113
8	59	51	8	25		112
9	59	51	8	25		109
10	61	54	7	25		116
11	61	55	6	25		111
12	61	55	8	25		117
13	61	55	8	25		114
14	62	55	7	25		108
15	63	55	8	25		111
16	65	58	7	25		114
17	65	58	7	25		117
18	69	60	9	25		109
19	69	60	9	25		114
20	70	61	9	25		117
21	70	61	9	23		118
22	75	69	6	25		110
23	75	69	8	25		112
24	75	69	6	25		115
25	75	69	6	25		111
26	76	69	7	25		118
27	76	70	6	25		114
28	76	70	6	25		116
29	76	70	8	25		109
30	77	70	7	25		116
31	78	71	7	25		112

<p>Cartridge Filtration</p> <p>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</p> <p>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.</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <hr/> <p>PRINTED NAME: John Gage</p> <p>SIGNATURE: <i>[Signature]</i> DATE: 6-1-22</p> <hr/> <p>PHONE #: (541) 265-3907 CERT #:</p>
--	--

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: May 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	1.9	80	152	11.6	7.7	60	Y	740
2/	2.2	80	176	11.1	7.7	62	Y	930
3/	2.1	80	168	11.5	7.7	62	Y	1490
4/	1.6	80	129	11.2	7.7	58	Y	1030
5/	1.7	80	136	11.1	7.7	60	Y	1080
6/	1.8	80	144	11.3	7.7	60	Y	950
7/	1.9	80	152	11.5	7.7	60	Y	960
8/	2.0	80	160	11.3	7.7	61	Y	890
9/	2.0	80	160	11.6	7.7	61	Y	920
10/	2.1	80	168	12.4	7.6	62	Y	860
11/	2.2	80	176	12.4	7.6	62	Y	1020
12/	2.0	80	160	12.3	7.6	61	Y	550
13/	1.9	80	152	12.2	7.6	60	Y	1110
14/	1.8	80	144	12.3	7.6	60	Y	710
15/	1.9	80	152	12.7	7.6	60	X	1010
16/	1.8	80	144	12.5	7.6	60	Y	1200
17/	1.7	80	136	12.3	7.6	60	Y	970
18/	1.8	80	144	12.5	7.6	60	Y	1470
19/	1.9	80	152	12.6	7.6	60	Y	1290
20/	1.9	80	152	12.4	7.6	60	Y	1610
21/	2.1	80	168	12.9	7.6	61	Y	1890
22/	2.0	80	160	13.4	7.6	61	Y	1160
23/	1.9	80	152	13.5	7.6	60	Y	590
24/	1.7	80	136	13.6	7.6	60	Y	510
25/	1.6	80	129	13.7	7.6	58	X	620
26/	1.7	80	136	14.6	7.5	60	Y	840
27/	1.9	80	152	14.9	7.5	60	Y	470
28/	1.8	80	144	14.1	7.5	60	Y	720
29/	1.9	80	152	14.2	7.5	60	Y	870
30/	1.5	80	120	14.9	7.6	58	X	640
31/	1.5	80	120	14.6	7.6	58	Y	540

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