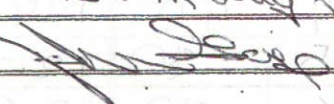


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Lincoln
Cartridge or Bag Filtration

System Name: **SAWYERS LANDING RV PARK** ID #: **OR4192061** WTP: **WTP-A** Month/Year: **Aug 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	21	19	2	25		17
2	21	19	2	25		14
3	21	19	2	25		109
4	21	19	2	25		116
5	21	19	2	25		111
6	22	19	3	25		112
7	22	19	3	25		109
8	22	19	3	25		116
9	22	19	3	25		111
10	22	20	2	25		117
11	22	20	2	25		115
12	22	20	2	25		113
13	22	20	2	25		114
14	22	20	2	25		116
15	22	20	2	25		109
16	23	20	3	25		111
17	23	20	3	25		115
18	23	20	3	25		110
19	23	21	2	25		114
20	23	21	2	25		117
21	23	21	2	25		111
22	23	21	2	25		119
23	23	21	2	25		109
24	23	21	2	25		114
25	23	20	3	25		116
26	23	21	2	25		109
27	24	21	3	25		111
28	24	21	3	25		115
29	24	21	3	25		116
30	24	21	3	25		114
31	24	21	3	25		112

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <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: John Gage	DATE: 9-1-22
		SIGNATURE: 	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: Aug 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/	1.7	80	136	19.1	7.6	40	Y	1010
2/	1.6	80	129	19.5	7.6	40	Y	1960
3/	1.3	80	104	19.7	7.6	36	Y	450
4/	1.5	80	120	19.6	7.6	40	Y	1260
5/	1.6	80	129	19.4	7.6	40	Y	1490
6/	1.7	80	136	19.8	7.6	40	Y	1450
7/	2.0	80	160	19.1	7.6	41	Y	1990
8/	1.9	80	152	19.0	7.6	40	Y	1220
9/	1.8	80	144	19.7	7.6	40	Y	1280
10/	1.9	80	152	19.6	7.6	40	Y	1630
11/	2.0	80	160	19.7	7.6	41	Y	1570
12/	2.2	80	176	19.2	7.7	41	Y	2150
13/	2.2	80	176	19.6	7.7	41	Y	2160
14/	2.0	80	160	19.3	7.7	41	Y	1520
15/	1.9	80	152	19.5	7.7	40	Y	1330
16/	1.8	80	144	19.6	7.7	40	Y	1220
17/	1.9	80	152	19.9	7.7	40	Y	1320
18/	1.9	80	152	19.7	7.7	40	Y	1540
19/	2.1	80	168	19.6	7.7	41	Y	2460
20/	1.8	80	144	19.4	7.7	40	Y	1990
21/	1.6	80	129	19.7	7.7	40	Y	2080
22/	1.7	80	136	19.4	7.7	40	Y	2400
23/	1.8	80	144	19.1	7.7	40	Y	1130
24/	2.0	80	160	19.7	7.7	41	Y	740
25/	2.1	80	168	19.1	7.7	41	Y	1320
26/	2.2	80	176	19.1	7.7	41	Y	1450
27/	2.1	80	168	19.9	7.7	41	Y	500
28/	1.9	80	144	19.7	7.6	40	Y	2050
29/	1.5	80	120	19.9	7.6	36	Y	840
30/	1.6	80	129	19.4	7.6	40	Y	1090
31/	1.6	80	129	19.6	7.7	40	Y	640

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