

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: Oct 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	26	24	2	25		.14
2	26	24	2	25		.09
3	26	24	2	25		.11
4	26	24	2	25		.109
5	26	24	2	25		.16
6	26	24	2	25		.10
7	27	24	3	25		.14
8	27	24	3	25		.12
9	27	24	3	25		.16
10	27	24	3	25		.09
11	27	24	3	25		.18
12	27	25	2	25		.11
13	27	25	2	25		.14
14	27	25	2	25		.19
15	27	25	2	25		.08
16	27	25	2	25		.13
17	27	25	2	25		.16
18	27	25	2	25		.11
19	27	25	2	25		.17
20	28	25	3	25		.11
21	28	25	3	25		.09
22	28	25	3	25		.16
23	28	26	2	25		.18
24	28	26	2	25		.13
25	28	26	2	25		.09
26	29	26	3	25		.14
27	29	26	3	25		.11
28	29	26	3	25		.10
29	29	26	3	25		.16
30	29	26	3	25		.12
31	29	26	3	25		.17

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings $\leq$ 1 NTU? All daily turbidity readings $\leq$ 5 NTU?	Yes/No Yes/No	CT's met everyday? (see back) Yes/No	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l? Yes/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: 11-1-22	
	SIGNATURE: [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: OCT 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	1.9	80	144	17.9	7.7	40	Y	720
2/	1.9	80	152	17.7	7.7	40	Y	1080
3/	1.7	80	136	17.4	7.7	40	Y	1750
4/	1.6	80	128	17.2	7.7	40	Y	840
5/	1.5	80	120	16.2	7.7	39	X	750
6/	1.8	80	144	16.3	7.7	40	Y	1110
7/	1.9	80	150	16.5	7.7	40	Y	960
8/	2.0	80	160	15.8	7.8	41	X	790
9/	2.1	80	168	15.7	7.8	41	Y	1230
10/	2.2	80	176	15.6	7.8	41	Y	720
11/	1.9	80	150	15.9	7.8	40	Y	700
12/	1.3	80	96	15.3	7.8	38	X	350
13/	1.3	80	104	15.8	7.8	38	Y	1070
14/	1.4	80	112	15.7	7.8	38	Y	830
15/	1.5	80	120	15.5	7.8	39	X	370
16/	1.4	80	112	15.8	7.8	38	X	840
17/	1.6	80	128	15.1	7.8	40	Y	940
18/	1.8	80	144	15.3	7.8	40	Y	500
19/	2.0	80	160	15.4	7.8	41	Y	750
20/	1.8	80	144	15.1	7.8	40	Y	470
21/	1.7	80	136	15.2	7.8	40	Y	880
22/	2.0	80	160	14.3	7.8	61	Y	760
23/	2.0	80	160	14.5	7.8	61	Y	1500
24/	2.1	80	168	14.9	7.8	61	Y	630
25/	2.0	80	160	14.6	7.8	61	X	690
26/	1.9	80	152	13.4	7.8	60	Y	280
27/	1.7	80	136	13.7	7.8	58	X	310
28/	1.6	80	128	13.9	7.8	58	Y	470
29/	1.7	80	136	14.1	7.8	60	Y	450
30/	1.5	80	120	14.0	7.8	58	Y	1090
31/	1.4	80	112	13.6	7.8	57	Y	460

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