

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: **NOV 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	29	26	2	25		113
2	29	26	2	25		109
3	29	26	2	25		115
4	29	26	2	25		111
5	29	26	2	25		109
6	28	26	2	25		116
7	29	26	2	25		111
8	29	26	3	25		108
9	29	26	3	25		117
10	29	26	3	25		114
11	29	26	3	25		109
12	29	26	3	25		116
13	29	26	3	25		111
14	29	27	2	25		115
15	29	27	2	25		116
16	29	27	2	25		111
17	29	27	2	25		109
18	29	27	2	25		114
19	29	27	2	25		108
20	29	27	2	25		116
21	30	27	3	25		112
22	30	27	3	25		114
23	30	27	3	25		110
24	30	27	3	25		118
25	30	27	3	25		116
26	30	27	3	25		111
27	30	28	2	25		108
28	30	28	2	25		113
29	30	28	2	25		110
30	30	28	2	25		117
31						

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: 11-30-22
		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: NOV 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/	1.3	80	104	13.1	7.9	57	Y	370
2/	1.3	80	104	13.4	7.9	57	Y	360
3/	1.2	80	96	13.2	7.9	55	Y	360
4/	1.4	80	142	12.9	7.9	57	Y	340
5/	1.3	80	104	12.4	7.9	57	Y	440
6/	1.5	80	120	12.6	7.9	59	Y	540
7/	1.4	80	112	12.2	7.9	57	Y	330
8/	1.3	80	104	11.2	7.7	57	Y	630
9/	1.5	80	120	10.2	7.7	59	Y	710
10/	1.6	80	128	10.7	7.7	59	Y	610
11/	1.7	80	136	10.1	7.7	60	Y	750
12/	1.6	80	128	10.3	7.7	59	Y	1100
13/	1.5	80	120	10.0	7.7	59	Y	370
14/	1.7	80	136	10.8	7.7	60	Y	290
15/	1.6	80	128	10.4	7.7	59	Y	330
16/	1.5	80	120	10.7	7.7	59	Y	760
17/	1.6	80	128	10.1	7.7	59	Y	590
18/	1.7	80	136	10.4	7.7	60	Y	510
19/	1.8	80	144	10.2	7.7	60	Y	790
20/	2.2	80	176	9.0	7.7	83	Y	700
21/	2.0	80	160	8.2	7.7	81	Y	890
22/	2.2	80	176	8.9	7.7	83	Y	8650
23/	2.1	80	168	8.8	7.7	83	Y	920
24/	1.9	80	152	9.2	7.7	81	Y	630
25/	1.8	80	144	9.5	7.7	79	Y	620
26/	2.1	80	168	9.1	7.7	83	Y	790
27/	2.0	80	160	8.8	7.7	81	Y	360
28/	2.0	80	160	8.8	7.7	81	Y	620
29/	2.1	80	168	8.8	7.7	83	Y	350
30/	1.9	80	152	8.9	7.7	81	Y	640
31/								

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