

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: **Dec 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	30	27	3	25		.14
2	30	27	3	25		.12
3	30	27	3	25		.18
4	30	27	3	25		.09
5	30	27	3	25		.16
6	30	27	3	25		.11
7	30	27	3	25		.10
8	30	28	2	25		.19
9	30	28	2	25		.09
10	30	28	2	25		.14
11	30	28	2	25		.16
12	30	28	2	25		.10
13	31	28	3	25		.15
14	31	28	3	25		.09
15	31	28	3	25		.14
16	31	28	3	25		.10
17	31	28	3	25		.16
18	31	28	3	25		.12
19	31	28	3	25		.09
20	31	28	3	25		.08
21	31	28	3	25		.18
22	31	28	2	25		.11
23	31	28	2	25		.16
24	31	28	2	25		.14
25	31	28	2	25		.17
26	31	28	2	25		.12
27	32	28	3	25		.16
28	32	28	3	25		.11
29	32	28	3	25		.09
30	32	28	3	25		.12
31						

Cartridge Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <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 ₂ 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: John Gray	DATE: 1-1-23
	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: Dec 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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.5	80	120	9.2	7.7	78	Y	610
2/	1.3	80	104	6.4	7.7	76	Y	820
3/	1.4	80	112	6.3	7.7	76	Y	520
4/	1.3	80	104	6.1	7.7	76	Y	310
5/	1.5	80	120	6.2	7.7	77	Y	400
6/	1.2	80	96	6.6	7.7	74	Y	510
7/	1.0	80	80	6.2	7.7	72	Y	360
8/	1.4	80	112	6.3	7.7	76	Y	710
9/	1.5	80	120	6.4	7.7	77	Y	700
10/	1.4	80	112	6.6	7.7	76	Y	520
11/	1.5	80	120	6.3	7.7	76	Y	630
12/	1.6	80	128	6.1	7.7	77	Y	410
13/	1.7	80	136	5.2	7.7	79	Y	630
14/	1.7	80	136	5.1	7.7	79	Y	640
15/	1.6	80	128	6.1	7.7	76	Y	1150
16/	1.5	80	120	6.3	7.7	76	Y	530
17/	1.7	80	136	6.4	7.7	79	Y	640
18/	1.4	80	144	7.1	7.7	79	Y	670
19/	1.9	80	152	7.4	7.7	81	Y	1810
20/	1.7	80	136	6.6	7.7	79	Y	560
21/	1.6	80	128	6.1	7.7	76	Y	970
22/	2.0	80	160	5.4	7.7	81	Y	1250
23/	2.1	80	168	5.5	7.7	81	Y	990
24/	2.0	80	160	6.9	7.7	79	Y	980
25/	1.9	80	152	6.9	7.7	81	Y	1110
26/	2.0	80	168	7.1	7.7	81	Y	900
27/	2.1	80	168	7.3	7.7	81	Y	630
28/	2.0	80	160	7.6	7.7	79	Y	950
29/	2.1	80	168	7.8	7.7	81	Y	580
30/	1.9	80	152	7.9	7.7	81	Y	1060
31/	1.7	80	136	7.6	7.7	79	Y	490

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/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf