

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: **Feb 2023**

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	33	31	2	25		.14
2	33	31	2	25		.16
3	33	31	2	25		.09
4	33	31	2	25		.17
5	33	31	2	25		.12
6	33	31	2	25		.11
7	33	31	2	25		.14
8	34	31	3	25		.16
9	34	31	3	25		.10
10	34	31	3	25		.11
11	34	31	3	25		.16
12	34	32	2	25		.09
13	34	32	2	25		.14
14	34	32	2	25		.16
15	34	32	2	25		.11
16	34	32	2	25		.09
17	34	32	2	25		.14
18	34	32	2	25		.12
19	34	32	2	25		.16
20	34	32	2	25		.11
21	34	32	2	25		.09
22	35	32	3	25		.17
23	35	32	3	25		.12
24	35	33	2	25		.16
25	35	33	2	25		.11
26	35	33	2	25		.14
27	35	33	2	25		.09
28	35	33	2	25		.14
29						
30						
31						

<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>
<p>PRINTED NAME: John Gage</p>	
<p>SIGNATURE: <i>[Signature]</i> DATE: 3-1-23</p>	
<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: Feb 2023

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	7.3	7.6	81	Y	670
2/	2.1	80	168	6.8	7.7	83	Y	990
3/	2.0	80	160	7.8	7.7	81	Y	1010
4/	2.1	80	169	8.4	7.7	83	Y	690
5/	2.0	80	160	8.5	7.7	81	Y	1110
6/	2.2	80	184	8.3	7.7	83	Y	1290
7/	2.4	80	192	8.6	7.7	84	Y	1200
8/	2.2	80	184	8.2	7.7	83	Y	1020
9/	2.1	80	169	8.3	7.7	83	Y	870
10/	2.2	80	184	8.6	7.7	83	Y	1480
11/	2.0	80	160	7.9	7.7	81	Y	940
12/	1.9	80	152	7.8	7.7	81	Y	1230
13/	1.8	80	144	7.9	7.7	81	Y	1100
14/	1.9	80	152	7.6	7.7	81	Y	560
15/	1.9	80	152	7.9	7.7	81	Y	870
16/	2.1	80	168	8.3	7.7	83	Y	1050
17/	2.0	80	160	8.7	7.7	81	Y	670
18/	2.2	80	184	8.6	7.7	83	Y	2600
19/	2.1	80	180	8.4	7.7	83	Y	740
20/	2.0	80	160	8.3	7.7	81	Y	700
21/	1.9	80	152	8.5	7.7	81	X	580
22/	2.1	80	168	8.0	7.7	83	Y	400
23/	2.1	80	169	7.0	7.7	83	Y	920
24/	2.0	80	160	6.8	7.7	81	Y	1690
25/	1.8	80	144	6.7	7.7	81	Y	1800
26/	1.9	80	152	7.4	7.7	81	Y	810
27/	1.8	80	144	7.1	7.7	81	Y	810
28/	1.8	80	144	6.6	7.7	81	Y	1020
29/	1.5	80	128	6.2	7.7	77	Y	910
30/								
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/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf