

**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: **April 2022**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	37	34	3	25		.09
2	37	34	3	25		.12
3	37	34	3	25		.13
4	37	34	3	25		.17
5	37	34	3	25		.10
6	37	34	3	25		.16
7	37	35	2	25		.11
8	37	35	2	25		.14
9	37	35	2	25		.10
10	37	35	2	25		.16
11	37	35	2	25		.12
12	37	35	2	25		.11
13	37	35	2	25		.17
14	36	35	3	25		.14
15	36	35	3	25		.10
16	36	35	3	25		.16
17	36	35	3	25		.14
18	36	35	3	25		.10
19	36	35	3	25		.12
20	36	35	3	25		.09
21	36	35	3	25		.14
22	36	35	3	25		.11
23	36	36	2	25		.16
24	36	36	2	25		.13
25	36	36	2	25		.09
26	36	36	2	25		.14
27	36	36	2	25		.10
28	36	36	2	25		.17
29	36	36	2	25		.14
30	36	36	2	25		.09
31						

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No <input type="radio"/> Yes / <input checked="" type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> 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: <b>John Gage</b>		DATE: <b>5-1-23</b>
	SIGNATURE: <i>[Signature]</i>		CERT #:
	PHONE #: <b>(541) 265-3907</b>		

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: April 2023

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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	2.1	80	168	8.5	7.7	81	Y	1060
2/	1.9	80	152	8.3	7.7	81	Y	570
3/	2.0	80	160	8.5	7.7	81	Y	1050
4/	1.9	80	152	8.7	7.7	81	Y	540
5/	1.8	80	144	7.9	7.7	79	Y	520
6/	1.9	80	152	8.4	7.7	81	Y	880
7/	1.9	80	152	8.5	7.7	81	Y	590
8/	2.1	80	168	8.7	7.7	81	Y	570
9/	2.0	80	160	8.9	7.7	81	Y	550
10/	1.8	80	144	9.6	7.7	79	Y	830
11/	1.9	80	152	9.7	7.7	81	Y	660
12/	2.0	80	160	9.5	7.7	81	Y	810
13/	2.0	80	160	9.8	7.7	81	Y	700
14/	1.9	80	144	9.7	7.7	79	Y	880
15/	1.7	80	136	9.9	7.7	79	Y	980
16/	1.6	80	130	9.6	7.7	79	Y	740
17/	1.7	80	136	9.4	7.7	79	Y	910
18/	1.9	80	152	9.1	7.7	81	Y	410
19/	1.8	80	144	8.7	7.7	79	Y	810
20/	1.6	80	130	8.6	7.7	79	Y	260
21/	1.7	80	136	8.9	7.7	79	Y	870
22/	1.8	80	144	9.2	7.7	79	Y	710
23/	1.8	80	144	9.1	7.7	79	Y	650
24/	1.9	80	152	9.6	7.7	81	Y	1300
25/	2.0	80	160	9.8	7.7	81	Y	420
26/	2.2	80	176	9.7	7.7	83	Y	720
27/	2.1	80	168	10.4	7.6	83	Y	1040
28/	2.0	80	160	10.7	7.6	61	Y	1350
29/	1.9	80	152	10.3	7.6	61	Y	990
30/	1.8	80	144	10.1	7.6	60	Y	1200
31/								

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