

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: JUNE 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	40	38	2	25		112
2	40	38	2	25		109
3	40	38	2	25		116
4	40	38	2	25		109
5	40	38	2	25		114
6	40	38	2	25		117
7	40	38	2	25		111
8	40	38	2	25		114
9	40	38	2	25		117
10	40	38	2	25		112
11	40	38	2	25		116
12	40	38	2	25		114
13	41	38	2	25		118
14	41	38	2	25		111
15	41	38	2	25		116
16	41	38	2	25		110
17	41	39	2	25		113
18	41	39	2	25		109
19	41	39	2	25		117
20	41	39	2	25		113
21	41	39	2	25		116
22	41	39	2	25		114
23	41	39	2	25		112
24	41	39	2	25		117
25	41	39	2	25		111
26	41	39	2	25		118
27	41	38	2	25		112
28	41	39	2	25		116
29	42	39	2	25		117
30	42	39	2	25		112
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="checkbox"/> Yes / <input type="checkbox"/> No <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: <u>John Gagg</u>	DATE: <u>7-1-23</u>
		SIGNATURE: <u>[Signature]</u>	CERT #:
		PHONE #: <u>(541) 265-3407</u>	

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: June 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]	CT	[° C]		Use tables	Yes / No	[GPM]
1/	1.7	80	136	16.8	7.6	40	Y	620
2/	1.6	80	128	16.7	7.6	39	Y	1710
3/	1.8	80	144	16.5	7.6	40	Y	1140
4/	1.9	80	152	16.8	7.6	41	Y	870
5/	1.9	80	144	16.9	7.6	40	Y	950
6/	1.7	80	136	16.8	7.6	40	Y	1100
7/	1.5	80	120	15.0	7.7	39	Y	980
8/	1.7	80	136	15.5	7.7	40	Y	1800
9/	2.0	80	160	15.2	7.7	41	Y	910
10/	2.1	80	168	15.4	7.7	41	Y	1070
11/	2.1	80	168	15.7	7.7	41	Y	840
12/	2.2	80	176	16.0	7.7	42	Y	1110
13/	2.0	80	160	15.6	7.7	41	Y	860
14/	1.9	80	152	15.8	7.7	41	Y	1300
15/	1.9	80	152	16.1	7.7	41	Y	960
16/	1.7	80	136	16.3	7.7	40	Y	920
17/	1.8	80	144	16.5	7.7	40	Y	1000
18/	1.9	80	152	16.4	7.7	41	Y	1370
19/	2.0	80	160	16.2	7.7	40	Y	1280
20/	1.8	80	144	16.6	7.7	40	Y	1960
21/	1.9	80	152	16.7	7.7	41	Y	1860
22/	2.0	80	160	17.1	7.7	41	Y	930
23/	2.1	80	168	16.9	7.7	41	Y	820
24/	2.0	80	160	16.7	7.7	41	Y	2320
25/	2.2	80	176	16.4	7.7	42	Y	1820
26/	1.7	80	136	17.5	7.7	40	Y	1140
27/	1.8	80	144	17.6	7.7	40	Y	1300
28/	1.7	80	136	17.7	7.7	40	Y	1570
29/	1.9	80	152	18.2	7.7	41	Y	1440
30/	1.7	80	136	18.0	7.7	40	Y	1280
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