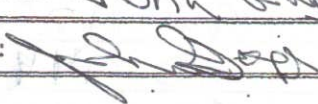


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Lincoln
Cartridge or Bag Filtration

System Name: **SAWYERS LANDING RV PARK** ID #: **OR4192061** WTP: **WTP-A** Month/Year: **July 2023**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	42	39	3	25		11
2	42	39	3	25		14
3	42	39	3	25		14
4	42	39	3	25		13
5	42	39	3	25		16
6	42	38	4	25		10
7	42	39	3	25		17
8	43	39	4	25		11
9	43	40	3	25		14
10	43	40	3	25		16
11	43	40	3	25		18
12	43	40	3	25		109
13	43	40	3	25		112
14	43	40	3	25		113
15	45	41	4	25		17
16	45	41	4	25		11
17	45	41	4	25		108
18	45	42	3	25		116
19	45	42	3	25		114
20	46	42	4	25		11
21	46	42	4	25		110
22	46	42	4	25		117
23	47	42	5	25		110
24	47	42	5	25		114
25	47	43	4	25		116
26	47	43	4	25		11
27	47	43	4	25		109
28	47	43	4	25		114
29	47	43	4	25		110
30	47	43	4	25		108
31	48	44	4	25		115

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: John Gayle	DATE: 9-1-23
		SIGNATURE: 	
		PHONE #: (541) 1265-3907	CERT #:

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: July 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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	1.8	80	144	19.3	7.7	40	Y	2450
2/	1.7	80	136	18.7	7.7	40	Y	2150
3/	1.9	80	152	17.8	7.7	41	Y	2630
4/	1.9	80	152	18.6	7.7	41	Y	3080
5/	2.2	80	176	18.2	7.7	41	Y	1420
6/	2.3	80	184	18.0	7.7	42	Y	2750
7/	2.2	80	176	18.2	7.7	41	Y	1490
8/	1.9	80	152	19.6	7.7	41	Y	1910
9/	1.8	80	144	19.0	7.7	40	Y	1370
10/	1.8	80	144	18.8	7.7	40	Y	1620
11/	1.5	80	120	18.2	7.7	39	Y	1090
12/	1.7	80	136	19.0	7.7	40	Y	740
13/	1.8	80	144	19.4	7.7	40	Y	1420
14/	1.9	80	152	19.8	7.7	41	Y	1350
15/	2.1	80	168	19.1	7.7	41	Y	1510
16/	1.6	80	128	19.0	7.7	39	Y	1330
17/	1.8	80	144	18.6	7.7	40	Y	1570
18/	1.7	80	136	19.4	7.7	40	Y	1010
19/	1.6	80	128	19.4	7.9	39	Y	1680
20/	1.6	80	128	19.0	7.8	39	Y	1420
21/	1.8	80	144	19.2	7.8	40	Y	1290
22/	1.9	80	152	19.7	7.8	41	Y	1640
23/	1.8	80	144	19.6	7.8	40	Y	1750
24/	2.1	80	168	18.4	7.8	41	Y	1450
25/	2.0	80	160	18.9	7.8	41	Y	1350
26/	1.8	80	144	19.2	7.8	40	Y	1180
27/	1.7	80	136	19.8	7.8	40	Y	770
28/	1.6	80	128	19.1	7.8	39	Y	990
29/	1.9	80	152	19.9	7.8	40	Y	1270
30/	1.6	80	128	19.6	7.8	39	Y	1600
31/	1.7	80	136	19.5	7.8	40	Y	990

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