

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: **Aug 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	49	44	4	25		.16
2	46	44	4	25		.10
3	44	44	4	25		.14
4	49	44	2	25		.12
5	48	44	4	25		.10
6	50	46	4	25		.17
7	50	47	3	25		.13
8	50	47	3	25		.16
9	51	47	4	25		.17
10	51	47	4	25		.11
11	51	47	4	25		.10
12	51	48	W	25		.14
13	51	48	W	25		.16
14	51	49	W	25		.11
15	52	48	W	25		.17
16	52	48	W	25		.12
17	52	49	W	25		.17
18	53	49	W	25		.16
19	53	49	W	25		.09
20	53	49	W	25		.16
21	54	50	4	25		.14
22	54	50	4	25		.11
23	54	50	4	25		.17
24	54	50	4	25		.10
25	55	50	5	25		.16
26	55	51	4	25		.14
27	55	51	4	25		.11
28	55	51	4	25		.12
29	55	51	4	25		.09
30	56	51	5	25		.15
31	56	52	4	25		.16

<p>Cartridge Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?</p> <p style="text-align: right;"> <input checked="" type="radio"/> Yes/ No <input type="radio"/> Yes/ No </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/ No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes/ 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>PRINTED NAME: John Gager</p> <p>SIGNATURE: <i>[Signature]</i></p> <p>DATE: 9-1-23</p> <p>PHONE #: (541) 265-3907</p> <p>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: Aug 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/	1.5	80	144	19.6	7.8	40	Y	1330
2/	1.6	80	128	19.4	7.8	38	Y	760
3/	1.9	80	152	19.8	7.8	41	Y	1080
4/	1.9	80	152	19.4	7.6	41	Y	1110
5/	2.1	80	168	19.7	7.8	41	Y	2700
6/	2.2	80	176	19.9	7.6	41	Y	1360
7/	2.3	80	184	19.8	7.6	42	Y	780
8/	2.2	80	176	19.6	7.8	41	Y	750
9/	2.1	80	168	19.9	7.8	41	Y	930
10/	2.2	80	176	19.6	7.8	41	Y	840
11/	1.7	80	136	20.0	7.7	40	Y	830
12/	1.6	80	128	20.3	7.7	38	Y	1730
13/	1.7	80	136	21.0	7.7	40	Y	1460
14/	1.5	80	128	21.3	7.7	38	Y	1110
15/	1.5	80	120	20.8	7.7	38	Y	1940
16/	1.7	80	136	19.9	7.7	40	Y	1490
17/	1.6	60	126	19.1	7.7	38	Y	1290
18/	1.9	80	152	19.9	7.7	41	Y	780
19/	1.8	80	144	19.3	7.7	40	Y	1490
20/	1.7	80	136	19.6	7.7	40	Y	1250
21/	1.8	80	144	19.4	7.7	40	Y	960
22/	1.9	80	152	19.2	7.7	41	Y	910
23/	1.7	80	136	19.1	7.7	40	Y	1010
24/	1.7	80	136	20.1	7.7	40	Y	890
25/	1.9	80	152	19.7	7.7	41	Y	1120
26/	1.9	80	152	19.9	7.7	41	Y	1630
27/	1.8	80	144	19.4	7.7	40	Y	1910
28/	1.7	80	136	19.1	7.7	40	Y	990
29/	1.5	80	120	19.3	7.7	38	Y	840
30/	1.6	80	128	19.8	7.7	38	Y	740
31/	1.7	80	136	19.4	7.7	40		700

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