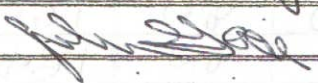


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Lincoln

Cartridge or Bag Filtration

System Name: **SAWYERS LANDING RV PARK** ID #: **OR4192061** WTP: **WTP-A** Month/Year: **SEPT 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	56	52	4	25		.09
2	56	52	4	25		.11
3	57	52	5	25		.16
4	57	52	5	25		.14
5	57	53	4	25		.17
6	57	53	4	25		.08
7	58	53	5	25		.13
8	58	53	5	25		.16
9	59	53	6	25		.11
10	59	53	6	25		.14
11	59	53	6	25		.16
12	59	53	6	25		.12
13	59	54	6	25		.17
14	59	54	6	25		.13
15	59	54	6	25		.11
16	59	54	6	25		.14
17	59	55	6	25		.16
18	60	55	5	25		.12
19	60	55	5	25		.11
20	60	55	5	25		.17
21	60	55	5	25		.14
22	60	55	5	25		.12
23	61	56	5	25		.09
24	61	56	5	25		.16
25	61	56	5	25		.14
26	61	56	5	25		.11
27	61	56	5	25		.16
28	61	57	6	25		.09
29	62	57	5	25		.13
30	62	57	5	25		.09
31						

<p>Cartridge Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No</p> <p>All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> 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 Gage</p> <p>SIGNATURE: </p> <p>DATE: 10-1-23</p> <p>PHONE #: (541) 1265-3907</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:

Sept 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/	1.8	90	144	19.1	7.7	40	Y	860
2/	1.7	90	136	19.3	7.7	40	Y	1140
3/	1.9	80	152	19.6	7.7	41	Y	3040
4/	1.7	80	136	20.1	7.7	40	Y	1930
5/	1.6	80	128	19.7	7.7	39	Y	1060
6/	1.6	80	128	19.1	7.7	39	Y	550
7/	1.7	80	136	19.5	7.7	40	Y	1200
8/	1.8	80	144	19.7	7.7	40	Y	1720
9/	1.8	80	144	20.0	7.7	40	Y	1480
10/	1.9	80	152	19.8	7.7	41	Y	610
11/	1.8	80	144	20.3	7.7	40	Y	920
12/	1.9	80	152	20.1	7.7	41	Y	950
13/	1.7	80	136	19.8	7.7	40	Y	1120
14/	1.6	80	128	19.9	7.7	39	Y	1140
15/	1.8	80	144	19.8	7.7	40	Y	1280
16/	1.7	80	136	19.2	7.7	40	Y	1360
17/	1.8	80	144	19.6	7.7	40	Y	1410
18/	1.6	80	128	19.1	7.7	39	Y	480
19/	1.7	80	136	19.0	7.7	40	Y	1140
20/	1.9	80	152	19.9	7.7	41	Y	730
21/	2.1	80	168	19.2	7.8	41	Y	670
22/	2.2	80	176	18.0	7.8	42	Y	1150
23/	2.0	80	160	17.4	7.8	41	Y	1140
24/	2.1	80	168	17.3	7.8	41	Y	1030
25/	2.1	80	168	17.5	7.8	41	Y	620
26/	2.0	80	160	17.3	7.8	41	Y	650
27/	1.9	80	152	17.6	7.8	41	Y	690
28/	2.0	80	160	17.4	7.8	41	Y	630
29/	2.1	80	168	17.6	7.8	41	Y	1230
30/	1.9	80	152	17.8	7.8	41	Y	1500
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