

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: **OCT 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	62	59	4	25		114
2	62	59	4	25		116
3	62	59	4	25		113
4	62	59	4	25		118
5	63	59	5	25		111
6	63	59	5	25		110
7	63	59	5	25		114
8	63	59	4	25		116
9	63	59	4	25		110
10	63	59	4	25		113
11	63	59	4	25		117
12	64	59	5	25		116
13	64	59	5	25		113
14	64	60	4	25		111
15	64	60	4	25		112
16	64	60	4	25		115
17	65	60	5	25		117
18	65	60	5	25		112
19	65	60	5	25		116
20	65	60	5	25		111
21	65	61	4	25		109
22	65	61	4	25		114
23	65	61	4	25		117
24	66	61	5	25		113
25	66	61	5	25		115
26	66	61	5	25		111
27	66	62	4	25		116
28	66	62	4	25		117
29	66	62	4	25		114
30	67	62	5	25		112
31	67	62	5	25		113

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 Gager SIGNATURE: <i>[Signature]</i>	DATE: 10-31-23
		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: OCT 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/	2.1	80	168	17.6	7.4	41	Y	1940
2/	1.9	80	152	17.3	7.8	41	Y	860
3/	1.7	80	136	16.6	7.8	40	Y	340
4/	1.6	80	128	16.3	7.8	39	Y	910
5/	1.7	80	136	17.6	7.7	40	Y	800
6/	1.6	80	128	17.9	7.7	39	Y	1070
7/	1.8	80	144	17.3	7.7	40	Y	840
8/	1.7	80	136	17.4	7.7	40	Y	760
9/	1.6	80	128	17.6	7.7	39	Y	1110
10/	1.5	80	120	17.2	7.7	39	Y	830
11/	1.3	80	104	17.3	7.7	38	Y	610
12/	1.4	80	112	17.4	7.7	39	Y	550
13/	1.6	80	128	16.8	7.7	39	Y	840
14/	1.8	80	144	16.7	7.7	40	Y	1070
15/	1.9	80	152	16.2	7.7	41	Y	860
16/	2.2	80	176	16.0	7.7	41	Y	570
17/	2.3	80	184	16.3	7.7	41	Y	460
18/	2.2	80	176	16.8	7.7	41	Y	1010
19/	2.2	80	176	16.9	7.7	41	Y	1050
20/	2.0	80	160	16.7	7.7	41	Y	1110
21/	2.1	80	168	16.4	7.7	41	Y	950
22/	1.8	80	144	16.1	7.7	40	Y	1180
23/	1.6	80	128	15.9	7.7	39	Y	900
24/	1.7	80	136	15.6	7.7	40	Y	790
25/	1.9	80	152	15.4	7.7	41	Y	820
26/	1.8	80	144	15.6	7.7	40	Y	610
27/	2.2	80	176	14.3	7.8	41	Y	570
28/	2.1	80	168	14.1	7.8	41	Y	720
29/	1.9	80	152	14.5	7.8	41	Y	860
30/	1.8	80	144	14.3	7.8	40	Y	670
31/	1.7	80	136	14.6	7.8	40	Y	570

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