

**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: **Nov 2023**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	66	61	5	25		.16
2	66	61	5	25		.14
3	66	61	5	25		.12
4	66	61	5	25		.11
5	66	61	5	25		.09
6	66	61	5	25		.13
7	66	61	5	25		.17
8	66	61	5	25		.13
9	66	61	5	25		.15
10	66	62	5	25		.16
11	66	62	5	25		.11
12	66	62	5	25		.09
13	66	62	5	25		.08
14	66	62	5	25		.14
15	67	62	5	25		.16
16	67	62	5	25		.11
17	67	62	5	25		.13
18	67	62	5	25		.17
19	67	62	5	25		.12
20	67	62	5	25		.14
21	67	62	5	25		.14
22	67	63	5	25		.10
23	67	63	5	25		.16
24	67	63	5	25		.17
25	69	63	5	25		.10
26	69	63	5	25		.14
27	69	63	5	25		.16
28	69	63	5	25		.12
29	69	63	5	25		.17
30	69	63	5	25		.15
31						

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> 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: <i>John Gage</i>	DATE: 12-1-23
		PHONE #: (541) 265-3907	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: NOV 2023

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temp ↓	pH ↑	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	1.3	80	104	13.9	7.6	38	Y	910
2/	1.5	80	120	12.6	7.6	39	Y	900
3/	1.6	80	128	12.9	7.6	39	Y	880
4/	1.5	80	120	13.1	7.6	39	X	980
5/	1.7	80	136	13.3	7.6	39	Y	1450
6/	1.7	80	136	13.5	7.6	39	Y	940
7/	1.6	80	128	13.0	7.7	39	Y	580
8/	1.4	80	112	13.3	7.7	38	Y	970
9/	1.5	80	120	13.1	7.7	39	Y	890
10/	1.5	80	120	13.4	7.7	39	X	880
11/	1.7	80	136	13.2	7.7	39	Y	890
12/	1.8	80	144	13.4	7.7	40	Y	380
13/	1.9	80	152	13.0	7.7	40	Y	890
14/	2.2	80	176	13.1	7.7	41	Y	1270
15/	2.1	80	168	13.5	7.7	41	Y	2400
16/	2.0	80	156	13.0	7.7	41	Y	820
17/	1.7	80	136	13.7	7.7	40	Y	620
18/	1.6	80	128	13.4	7.7	39	Y	930
19/	1.5	80	120	12.5	7.7	39	Y	640
20/	1.6	80	128	12.9	7.7	39	Y	560
21/	1.8	80	144	12.6	7.7	40	Y	520
22/	1.9	80	152	13.1	7.7	40	X	1250
23/	1.6	80	128	10.9	7.7	39	Y	740
24/	1.5	80	120	10.3	7.7	39	Y	880
25/	1.7	80	136	9.4	7.7	60	Y	600
26/	1.9	80	152	9.6	7.7	61	Y	550
27/	1.9	80	152	9.8	7.7	61	Y	860
28/	1.8	80	144	9.3	7.7	60	Y	390
29/	1.9	80	152	9.6	7.7	61	Y	720
30/	1.6	80	128	9.1	7.7	58	Y	380
31/								

<sup>2</sup> If Cl<sub>2</sub> 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](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)