

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: **Jan 2024**

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	70	66	4	25		14
2	70	68	4	25		11
3	70	66	4	25		16
4	70	66	4	25		17
5	70	66	4	25		13
6	71	66	5	25		11
7	71	66	5	25		16
8	71	66	5	25		14
9	71	66	5	25		109
10	71	66	5	25		11
11	71	67	4	25		16
12	71	66	5	25		14
13	71	66	5	25		15
14	71	66	5	25		17
15	71	66	5	25		14
16	71	66	5	25		13
17	71	66	5	25		109
18	71	67	4	25		11
19	71	67	4	25		16
20	71	67	4	25		14
21	71	67	4	25		10
22	71	67	4	25		12
23	71	67	4	25		109
24	72	67	5	25		11
25	72	67	5	25		16
26	72	67	5	25		14
27	72	67	5	25		17
28	72	67	5	25		16
29	72	67	5	25		12
30	72	67	5	25		14
31	72	67	5	25		10

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / 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 Gapp	DATE: 2-1-24
		SIGNATURE: <i>[Signature]</i>	CERT #:
		PHONE #: KV 265-3907	

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: Jan 2024

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/	2.3	80	184	11.7	7.7	62	Y	1130
2/	1.6	80	129	11.3	7.7	50	Y	1910
3/	1.3	80	104	11.0	7.7	57	Y	360
4/	1.4	80	112	10.9	7.7	57	Y	760
5/	1.6	80	129	10.9	7.7	60	Y	660
6/	1.7	80	136	10.7	7.7	60	Y	380
7/	1.9	80	144	10.2	7.7	60	Y	610
8/	1.7	80	136	10.1	7.7	60	Y	950
9/	1.6	80	129	10.3	7.7	60	Y	730
10/	1.7	80	136	10.6	7.7	60	Y	870
11/	1.9	80	152	10.5	7.7	61	Y	1430
12/	1.8	80	144	10.1	7.7	60	Y	1030
13/	1.6	80	129	8.9	7.7	77	Y	700
14/	1.9	80	144	8.1	7.7	79	Y	0
15/	1.7	80	136	8.0	7.7	79	Y	1100
16/	1.9	80	152	7.6	7.8	81	Y	540
17/	1.6	80	129	7.3	7.8	77	Y	800
18/	1.5	80	120	7.9	7.7	77	Y	2420
19/	1.6	80	129	8.4	7.7	77	Y	1090
20/	1.6	80	144	9.6	7.7	79	Y	710
21/	1.7	80	136	9.4	7.7	79	Y	1450
22/	1.9	80	152	9.2	7.7	79	Y	940
23/	2.0	80	160	9.3	7.7	81	Y	820
24/	1.9	80	152	9.6	7.7	79	Y	1340
25/	1.9	80	144	9.5	7.7	79	Y	540
26/	1.9	80	152	10.1	7.7	61	Y	710
27/	1.7	80	136	10.3	7.7	60	Y	960
28/	1.6	80	129	10.4	7.7	59	Y	1350
29/	1.9	80	144	10.2	7.7	60	Y	900
30/	1.9	80	152	10.5	7.7	61	Y	760
31/	2.2	80	176	10.1	7.7	62	Y	540

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/Health/Environments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf