

ORA - 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: Feb 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	72	66	6	25		
2	72	65	7	25		114
3	72	68	4	25		111
4	72	69	3	25		117
5	72	68	4	25		113
6	72	68	4	25		115
7	72	68	4	25		112
8	72	68	4	25		109
9	72	68	4	25		117
10	72	68	4	25		115
11	72	69	3	25		111
12	72	69	3	25		116
13	72	69	3	25		114
14	72	69	3	25		112
15	72	69	3	25		111
16	72	69	3	25		116
17	73	69	4	25		112
18	73	68	5	25		116
19	73	68	5	25		114
20	73	68	5	25		109
21	73	68	5	25		112
22	73	69	4	25		116
23	73	69	4	25		114
24	73	69	4	25		111
25	73	69	4	25		109
26	73	69	4	25		117
27	73	69	4	25		113
28	73	69	4	25		115
29	73	69	4	25		114
30				25		117
31						

Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly Summary (Answer Yes or 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 Rager SIGNATURE: <i>[Signature]</i> DATE: 3-1-24 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:

Feb 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]	CTT	[°C]		Use tables	Yes / No	[GPM]
1/	2.3	80	184	10.4	7.7	62	Y	620
2/	2.2	80	176	11.4	7.7	62	X	680
3/	2.3	80	184	11.6	7.7	62	Y	910
4/	2.3	80	184	11.4	7.7	62	Y	730
5/	2.1	80	168	11.2	7.7	62	Y	720
6/	2.0	80	160	11.5	7.7	62	X	630
7/	1.8	80	144	11.1	7.7	60	Y	980
8/	1.8	80	144	10.6	7.7	60	Y	1140
9/	1.9	80	152	10.8	7.7	60	Y	740
10/	1.9	80	152	10.3	7.7	60	Y	1330
11/	1.8	80	144	10.1	7.7	60	Y	1160
12/	2.0	80	160	10.7	7.7	62	Y	970
13/	1.8	80	144	10.1	7.7	60	Y	910
14/	1.9	80	152	10.0	7.7	60	Y	1080
15/	2.1	80	168	10.1	7.7	60	Y	1100
16/	2.0	80	160	9.4	7.7	81	Y	1320
17/	2.1	80	168	9.3	7.7	81	X	1210
18/	1.9	80	152	10.1	7.7	61	Y	1170
19/	1.8	80	144	10.2	7.7	60	Y	1130
20/	1.7	80	136	10.6	7.7	60	Y	920
21/	1.8	80	144	10.5	7.7	60	Y	1540
22/	1.7	80	136	11.1	7.7	60	Y	560
23/	1.9	80	152	11.4	7.7	61	Y	2050
24/	1.8	80	144	11.6	7.7	60	X	2150
25/	1.7	80	136	11.3	7.7	60	Y	1270
26/	1.6	80	128	10.6	7.6	58	Y	1170
27/	1.7	80	136	10.2	7.6	60	Y	1020
28/	1.8	80	144	9.8	7.6	79	Y	990
29/	1.6	80	128	9.4	7.6	77	Y	680
30/								
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/Health/Environments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf