

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: April 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	74	71	3	25		116
2	74	71	3	25		114
3	74	71	3	25		112
4	74	71	3	25		109
5	74	71	3	25		111
6	74	71	3	25		116
7	74	71	3	25		114
8	74	71	3	25		111
9	74	71	3	25		113
10	74	71	3	25		116
11	74	71	3	25		116
12	75	71	4	25		114
13	75	71	4	25		109
14	75	71	4	25		111
15	75	71	4	25		116
16	75	72	3	25		114
17	75	72	3	25		110
18	75	72	3	25		111
19	75	72	3	25		117
20	75	72	3	25		114
21	75	72	3	25		109
22	75	72	3	25		116
23	75	72	3	25		114
24	76	72	4	25		112
25	76	72	4	25		114
26	76	72	4	25		108
27	76	72	4	25		111
28	76	72	4	25		113
29	76	72	4	25		116
30	76	72	4	25		111
31						

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
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 ₂ 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: John Gage	DATE: 5-1-24
		SIGNATURE: <i>[Signature]</i>	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:

April 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	1.5	80	120	12.1	7.7	58	Y	920
2/	1.3	80	104	12.0	7.7	57	Y	1370
3/	1.5	80	120	11.6	7.7	58	Y	1040
4/	1.7	80	136	11.8	7.7	60	Y	1120
5/	1.9	80	144	11.7	7.7	60	Y	1150
6/	1.9	80	152	12.3	7.7	61	Y	1070
7/	1.8	80	144	12.1	7.7	60	Y	1220
8/	2.1	80	168	12.2	7.7	62	Y	1230
9/	2.2	80	176	12.5	7.7	62	Y	730
10/	2.0	80	160	12.7	7.7	61	Y	1320
11/	2.2	80	176	12.6	7.7	62	Y	1470
12/	2.1	80	168	12.5	7.7	62	Y	1030
13/	2.2	80	176	12.7	7.7	62	Y	1300
14/	2.0	80	160	12.4	7.7	61	Y	980
15/	1.8	80	152	12.6	7.7	60	Y	790
16/	1.8	80	144	11.4	7.7	60	Y	690
17/	2.1	80	168	11.7	7.7	62	Y	1420
18/	2.2	80	176	12.4	7.7	62	Y	2020
19/	2.3	80	184	12.6	7.7	63	Y	810
20/	2.1	80	168	12.4	7.7	62	Y	810
21/	2.1	80	168	13.2	7.7	62	Y	1080
22/	1.8	80	144	13.6	7.7	60	Y	1190
23/	1.9	80	152	13.7	7.7	60	X	950
24/	1.8	80	144	13.1	7.7	60	Y	1010
25/	1.9	80	152	13.3	7.7	60	Y	1050
26/	1.7	80	136	13.0	7.7	60	Y	1500
27/	1.6	80	128	13.5	7.7	58	Y	1120
28/	1.8	80	144	13.7	7.7	60	Y	840
29/	1.7	80	136	13.4	7.7	60	Y	780
30/	1.5	80	120	13.1	7.7	58	Y	930
31/								

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWVP by end of next business day.Download form at: www.public.health.oregon.gov/HealthEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf