

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: June 2024

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	78	73	5	25		.11
2	78	74	4	25		.14
3	78	74	4	25		.16
4	78	74	4	25		.12
5	78	74	4	25		.14
6	78	74	4	25		.09
7	78	74	4	25		.11
8	78	74	4	25		.14
9	78	74	4	25		.11
10	78	74	4	25		.16
11	78	74	4	25		.09
12	78	74	4	25		.13
13	78	74	4	25		.17
14	78	74	4	25		.11
15	79	74	5	25		.16
16	79	74	5	25		.13
17	79	74	5	25		.14
18	79	74	5	25		.17
19	79	74	5	25		.16
20	79	75	4	25		.12
21	79	75	4	25		.14
22	79	75	4	25		.10
23	79	75	4	25		.11
24	79	75	4	25		.16
25	79	75	4	25		.13
26	79	75	4	25		.10
27	79	75	4	25		.11
28	79	75	4	25		.14
29	79	75	4	25		.10
30	79	75	4	25		.13
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 <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: John Gage	DATE: 7-1-24
		SIGNATURE: <i>[Signature]</i>	
		PHONE #: (503) 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: June 2024

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/	1.6	80	128	13.4	7.6	58	Y	540
2/	1.5	80	120	13.7	7.6	54	X	560
3/	1.7	80	136	14.0	7.6	60	X	330
4/	1.5	80	120	13.9	7.6	58	Y	360
5/	1.4	80	112	14.5	7.6	57	X	1350
6/	1.8	80	128	14.7	7.6	59	Y	700
7/	1.8	80	144	14.6	7.5	60	X	460
8/	1.7	80	136	14.8	7.6	60	Y	540
9/	1.8	80	144	14.6	7.6	60	Y	960
10/	1.9	80	152	14.7	7.6	61	X	460
11/	1.8	80	144	14.9	7.6	60	Y	360
12/	1.9	80	152	14.5	7.6	61	Y	360
13/	2.1	80	168	14.7	7.6	62	Y	560
14/	1.9	80	152	14.4	7.6	61	Y	630
15/	1.9	80	144	14.3	7.6	60	Y	770
16/	1.9	80	152	14.9	7.6	61	X	410
17/	2.1	80	168	13.9	7.5	62	Y	590
18/	2.2	80	176	14.4	7.5	62	X	660
19/	2.0	80	160	14.3	7.5	61	X	660
20/	2.1	80	168	14.5	7.5	61	Y	830
21/	2.0	80	160	14.7	7.5	62	X	750
22/	1.9	80	152	14.8	7.5	61	Y	430
23/	1.8	80	144	14.6	7.5	60	X	450
24/	1.9	80	152	14.9	7.5	61	Y	720
25/	2.1	80	168	14.2	7.5	62	X	410
26/	2.0	80	160	14.1	7.5	61	Y	560
27/	2.2	80	176	14.8	7.5	62	X	740
28/	2.1	80	168	14.7	7.5	61	Y	410
29/	2.0	80	160	14.9	7.5	61	Y	390
30/	2.2	80	176	15.8	7.3	62	Y	410
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/Health/Environments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://www.public.health.oregon.gov/Health/Environments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)