

OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Lincoln  
 Cartridge or Bag Filtration

System Name: SAWYERS LANDING RV PARK ID #: OR4192081 WTP: WTP-A Month/Year: July 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	79	75	4	23		114
2	79	75	4	25		116
3	79	75	4	25		111
4	79	75	4	25		110
5	79	75	4	25		114
6	79	75	4	25		111
7	79	75	4	25		114
8	79	75	4	25		111
9	79	75	4	25		116
10	79	75	4	25		113
11	79	75	4	25		118
12	79	75	4	25		117
13	79	76	3	25		112
14	79	76	3	25		114
15	79	76	3	25		116
16	79	76	3	25		113
17	80	76	4	25		111
18	80	76	4	25		112
19	80	76	4	25		109
20	80	76	4	25		113
21	80	76	4	25		116
22	80	76	4	25		115
23	80	76	4	25		111
24	80	76	4	25		115
25	80	76	4	25		113
26	80	76	4	25		111
27	80	76	4	25		116
28	80	76	4	25		110
29	80	76	4	25		113
30	80	76	4	25		114
31	80	76	4	25		

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: 8-1-24
		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

SAVIYERS LANDING RV PARK ID #: OR4192061 WTP: WTP-A Month/Year: July 2024

July 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]	CT	[°C]		Use tables	Yes / No	[GPM]
1/	2.1	80	168	16.8	7.5	41	Y	490
2/	2.0	80	160	17.4	7.5	41	Y	690
3/	1.9	80	152	17.6	7.5	41	Y	600
4/	2.0	80	160	18.4	7.5	41	Y	1110
5/	2.2	80	178	19.6	7.5	41	Y	1010
6/	2.0	80	160	19.5	7.5	41	Y	1020
7/	2.1	80	168	19.7	7.5	41	Y	2810
8/	2.2	80	178	19.2	7.5	41	Y	460
9/	2.1	80	168	18.6	7.5	41	Y	490
10/	2.0	80	160	18.2	7.5	41	Y	890
11/	2.0	80	160	18.3	7.5	41	Y	1110
12/	1.8	80	144	19.3	7.5	40	Y	880
13/	1.7	80	136	19.6	7.5	40	Y	970
14/	1.8	80	144	19.4	7.5	40	Y	1450
15/	1.7	80	136	19.1	7.5	40	Y	810
16/	1.6	80	128	18.9	7.5	39	Y	1730
17/	1.8	80	144	18.9	7.5	40	Y	390
18/	2.1	80	168	19.6	7.4	41	Y	940
19/	2.0	80	160	19.7	7.4	41	Y	850
20/	2.1	80	168	18.6	7.4	41	Y	970
21/	1.9	80	152	19.4	7.4	41	Y	950
22/	2.0	80	160	18.9	7.4	41	Y	1010
23/	1.8	80	144	19.2	7.4	40	Y	1440
24/	1.6	80	128	19.4	7.4	39	Y	1220
25/	1.7	80	136	19.8	7.4	40	Y	2020
26/	1.9	80	152	19.9	7.4	41	Y	1420
27/	1.8	80	144	19.7	7.4	40	Y	2170
28/	2.0	80	160	19.3	7.4	41	Y	3290
29/	2.1	80	168	19.8	7.4	41	Y	1710
30/	2.1	80	168	19.6	7.4	41	Y	940
31/	1.9	80	152	19.6	7.4	41	Y	1090

<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)