

**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: **Aug 2024**

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	90	76	4	25		14
2	80	76	4	25		11
3	80	76	4	25		109
4	90	76	4	25		113
5	80	76	4	25		117
6	81	76	5	25		119
7	81	76	5	25		111
8	81	76	5	25		116
9	81	76	5	25		11
10	81	76	5	25		110
11	81	76	5	25		14
12	81	76	5	25		11
13	81	76	5	25		13
14	81	76	5	25		109
15	81	76	5	25		112
16	81	76	5	25		114
17	81	76	5	25		115
18	81	76	5	25		11
19	81	76	5	25		116
20	81	77	4	25		114
21	81	77	4	25		115
22	81	77	4	25		111
23	81	77	4	25		110
24	81	77	4	25		115
25	81	77	4	25		114
26	81	77	4	25		11
27	82	77	5	25		114
28	82	77	5	25		109
29	82	77	5	25		113
30	82	77	5	25		116
31	82	77	5	25		114

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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: <b>John Goggin</b>	DATE: <b>9-1-24</b>
		SIGNATURE: <i>[Signature]</i>	
		PHONE #: <b>(541) 265-3907</b>	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

SAWIERS LANDING RV PARK ID #: OR4192061 WTP: WTP-A Month/Year: Aug 2024

Aug 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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/	2.0	80	160	20.0	7.4	41	Y	870
2/	2.1	80	168	19.9	7.4	41	Y	1370
3/	2.0	80	160	19.6	7.4	41	Y	3930
4/	1.9	80	152	19.7	7.4	41	Y	4470
5/	2.0	80	160	19.6	7.4	41	Y	640
6/	2.1	80	168	19.4	7.4	41	Y	690
7/	1.5	80	120	17.9	7.3	39	Y	530
8/	1.6	80	128	18.3	7.3	39	Y	1280
9/	1.8	80	144	18.2	7.3	40	Y	620
10/	1.7	80	136	18.3	7.3	40	Y	1060
11/	1.9	80	152	19.1	7.3	41	Y	1460
12/	2.0	80	160	18.7	7.3	41	Y	810
13/	1.9	80	152	19.6	7.3	41	Y	1430
14/	1.8	80	144	19.5	7.3	40	Y	760
15/	1.8	80	144	19.1	7.3	40	Y	420
16/	1.9	80	152	18.6	7.3	41	Y	710
17/	2.1	80	168	18.7	7.3	41	Y	520
18/	1.9	80	152	19.3	7.3	41	Y	990
19/	2.1	80	168	19.7	7.3	41	Y	440
20/	2.0	80	160	19.8	7.3	41	Y	750
21/	1.9	80	152	19.3	7.3	41	Y	650
22/	2.0	80	160	19.1	7.3	41	Y	740
23/	1.9	80	152	19.5	7.3	41	Y	1120
24/	1.9	80	152	19.7	7.3	41	Y	1730
25/	1.9	80	144	19.7	7.3	40	Y	920
26/	2.0	80	160	19.4	7.3	41	Y	1690
27/	2.1	80	168	19.1	7.3	41	Y	460
28/	1.9	80	152	19.7	7.3	41	Y	650
29/	1.8	80	144	18.6	7.3	40	Y	560
30/	1.9	80	152	19.1	7.3	41	Y	850
31/	2.0	80	160	18.7	7.3	41	Y	1250

<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)