

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: SEPT

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	82	77	5	25		.13
2	82	77	5	25		.15
3	82	77	5	25		.11
4	82	77	5	25		.15
5	82	77	5	25		.12
6	82	77	5	25		.09
7	82	77	5	25		.11
8	82	77	5	25		.16
9	82	77	5	25		.14
10	82	77	5	25		.12
11	82	77	5	25		.18
12	82	79	3	25		.11
13	82	77	5	25		.14
14	82	79	3	25		.10
15	82	78	4	25		.13
16	82	79	4	25		.17
17	82	79	4	25		.15
18	82	79	4	25		.11
19	83	79	4	25		.14
20	83	79	4	25		.16
21	83	79	4	25		.15
22	83	79	4	25		.10
23	83	79	4	25		.11
24	83	79	4	25		.13
25	83	79	4	25		.09
26	83	79	4	25		.17
27	83	79	4	25		.15
28	83	79	4	25		.11
29	83	79	4	25		.16
30	83	79	4	25		.10
31	83	79	4	25		.12

<p>Cartridge Filtration</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>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.</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>PRINTED NAME: <u>John Gage</u> SIGNATURE: <u>[Signature]</u> DATE: <u>10-1-24</u></p> <p>PHONE #: <u>(541) 265-3907</u> CERT #:</p>
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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: SEPT 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/	2.0	80	160	19.1	7.3	41	Y	1210
2/	2.2	80	176	19.4	7.3	41	Y	1090
3/	2.3	80	184	19.7	7.3	42	Y	1460
4/	2.0	80	160	19.5	7.3	41	Y	1100
5/	2.0	80	160	19.7	7.3	41	Y	920
6/	1.9	80	152	19.1	7.3	41	Y	1570
7/	1.8	80	144	19.3	7.3	41	Y	510
8/	1.9	80	152	19.1	7.3	41	Y	750
9/	1.7	80	136	19.8	7.3	40	Y	1090
10/	1.6	80	128	19.7	7.3	40	Y	860
11/	1.7	80	136	19.3	7.3	40	Y	1110
12/	1.6	80	128	19.7	7.3	40	Y	570
13/	1.8	80	144	19.3	7.3	41	Y	1120
14/	1.9	80	152	19.0	7.3	41	Y	690
15/	1.7	80	136	18.9	7.3	40	Y	690
16/	1.6	80	128	19.1	7.3	40	Y	950
17/	1.5	80	120	19.7	7.3	39	Y	770
18/	1.6	80	128	19.5	7.3	40	Y	690
19/	1.7	80	136	19.1	7.3	40	Y	890
20/	1.6	80	128	19.7	7.3	40	Y	590
21/	1.5	80	120	19.4	7.3	39	Y	860
22/	1.7	80	136	19.6	7.3	40	Y	910
23/	1.6	80	128	19.5	7.3	40	Y	720
24/	1.7	80	136	19.7	7.3	40	Y	640
25/	1.8	80	144	19.3	7.3	41	Y	800
26/	1.6	80	128	19.2	7.3	40	Y	630
27/	1.5	80	120	19.6	7.3	39	Y	670
28/	1.7	80	136	19.3	7.3	40	Y	890
29/	1.8	80	144	16.1	7.2	41	Y	550
30/	1.9	80	152	15.6	7.2	41	Y	800
31/								

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