

**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:

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	70	60	10	25		.16
2	70	60	10	25		.13
3	71	60	11	25		.11
4	71	60	11	26		.09
5	72	61	11	25		.15
6	72	61	11	25		.12
7	74	61	13	25		.16
8	74	61	13	25		.11
9	74	61	13	25		.13
10	74	61	13	25		.14
11	74	62	12	26		.16
12	76	63	13	26		.11
13	76	63	13	26		.14
14	77	63	14	26		.10
15	77	64	13	25		.13
16	77	64	13	25		.15
17	78	65	13	26		.11
18	78	65	13	25		.10
19	78	65	13	25		.14
20	79	65	14	25		.16
21	79	65	14	26		.13
22	81	66	15	26		.11
23	81	66	15	25		.17
24	82	66	16	25		.13
25	82	66	16	25		.10
26	82	66	16	25		.11
27	83	67	17	25		.14
28	84	67	17	25		.16
29						
30						
31						

<b>Cartridge Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<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 Gage</b>	DATE: <b>3-1-25</b>
		SIGNATURE: <b>John Gage</b>	CERT #:
		PHONE #: <b>(541) 1265-3907</b>	

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

## OMA - Drinking Water Program - Surface Water Quality Data Form

SAVIYERS LANDING RV PARK ID #: CR4192061 WTP: WTP-A Month/Year: Feb 2025

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	7.9	6.7	58	Y	750
2/	1.7	80	136	7.7	6.7	60	Y	290
3/	1.8	80	144	6.8	6.7	60	Y	890
4/	1.5	80	120	6.7	6.7	57	Y	890
5/	1.4	80	120	6.9	6.7	57	Y	350
6/	1.5	80	120	7.4	6.7	57	Y	710
7/	1.5	80	120	8.1	6.7	57	Y	1230
8/	1.7	80	136	8.3	6.7	60	Y	5720
9/	1.5	80	120	8.0	6.7	57	Y	1470
10/	1.3	80	104	7.1	6.7	57	Y	1210
11/	1.4	80	112	7.5	6.7	57	Y	2960
12/	1.6	80	128	6.6	6.7	58	Y	1010
13/	1.5	80	120	6.3	6.7	57	Y	2130
14/	1.6	80	128	7.4	6.7	58	Y	1440
15/	1.7	80	136	7.6	6.7	60	Y	1060
16/	1.5	80	120	8.1	6.7	57	Y	1120
17/	1.3	80	104	8.2	6.8	57	Y	1740
18/	1.4	80	112	8.6	6.8	57	Y	1280
19/	1.6	80	128	8.9	6.8	58	Y	1220
20/	1.6	80	128	9.7	6.8	58	Y	1350
21/	1.5	80	120	10.1	6.8	57	Y	890
22/	1.4	80	112	9.8	6.8	57	Y	460
23/	1.3	80	104	9.7	6.8	57	Y	550
24/	1.4	80	112	9.6	6.8	57	Y	530
25/	1.5	80	120	10.4	6.8	38	Y	270
26/	1.7	80	136	10.7	6.8	40	Y	500
27/	1.6	80	128	11.2	6.8	39	Y	450
28/	1.4	80	112	11.1	6.8	38	Y	730
29/								
30/								
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)