

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: March 2025

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	84	67				
2	84	67	17	25		
3	86	67	19	25		.14
4	87	67	20	25		.11
5	87	67	20	25		.10
6	88	67	21	25		.16
7	21	15	6	25		.13
8	21	15	6	25		.16
9	21	19	2	25		.14
10	21	19	2	25		.11
11	21	19	2	25		.13
12	22	19	3	25		.17
13	22	19	3	25		.13
14	22	19	3	25		.16
15	22	19	3	25		.10
16	22	20	2	25		.11
17	22	20	2	25		.14
18	22	20	2	25		.18
19	22	20	2	25		.13
20	23	20	3	25		.10
21	23	20	3	25		.12
22	23	20	3	25		.14
23	25	30	5	25		.11
24	26	20	6	25		.16
25	26	21	5	25		.13
26	28	21	7	25		.11
27	30	21	9	25		.12
28	30	21	9	25		.17
29	32	21	11	25		.15
30	32	21	11	25		.14
31	33	21	12	25		.11
						.10
						.16

**Cartridge Filtration**

95% of daily turbidity readings ≤ 1 NTU?  Yes /  No  
 All daily turbidity readings ≤ 5 NTU?  Yes /  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.

**Monthly Summary (Answer Yes or No)**

CT's met everyday? (see back)  Yes /  No  
 All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  Yes /  No

PRINTED NAME: John Gago  
 SIGNATURE: *[Signature]* DATE: 4-1-25  
 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

SAWYERS LANDING RV PARK ID #: OR4192061 WTP: WTP-A Month/Year: **march 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
						Use tables		
	[ppm or mg/L]	[minutes]	CXT	[°C]				
1/	1.6	80	128	10.3	6.8	39	Y	440
2/	1.5	90	120	10.1	6.8	57	Y	420
3/	1.6	80	128	9.8	6.8	39	Y	430
4/	1.4	80	112	9.4	6.8	39	Y	710
5/	1.5	80	120	9.7	6.8	39	Y	740
6/	1.7	80	136	10.4	6.8	60	Y	550
7/	1.8	80	144	10.6	6.8	60	Y	40
8/	1.8	80	144	10.3	6.8	60	Y	90
9/	1.9	80	152	10.6	6.8	61	Y	670
10/	2.0	80	160	10.1	6.8	61	Y	550
11/	2.4	80	192	10.5	6.8	63	Y	540
12/	2.0	80	160	10.2	6.8	61	Y	710
13/	1.9	80	152	10.3	6.8	61	Y	860
14/	1.9	80	144	10.6	6.8	60	Y	970
15/	1.9	80	152	10.7	6.8	61	Y	850
16/	1.7	80	136	10.1	6.8	60	Y	2330
17/	1.8	90	144	10.8	6.8	60	Y	660
18/	1.7	80	136	10.2	6.8	60	Y	490
19/	1.6	80	128	10.3	6.8	59	Y	410
20/	1.7	80	136	10.6	6.8	60	Y	930
21/	1.8	80	144	10.8	6.8	60	Y	860
22/	1.9	80	152	11.3	6.8	61	Y	870
23/	1.7	80	136	11.1	6.8	60	Y	870
24/	1.6	80	128	10.9	6.8	59	Y	690
25/	1.8	80	144	11.9	6.8	61	Y	1820
26/	2.0	80	160	11.4	6.8	61	Y	340
27/	1.9	80	152	11.3	6.8	61	Y	610
28/	2.0	80	160	11.1	6.8	61	Y	520
29/	1.8	80	144	10.6	6.8	61	Y	470
30/	1.7	80	136	10.8	6.8	60	Y	650
31/	1.6	80	128	10.3	6.8	59	Y	610

<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/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)