

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: April 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	33	22	11	25		.14
2	33	22	11	25		.10
3	33	22	11	25		.11
4	34	22	12	23		.13
5	34	22	12	25		.16
6	34	22	12	25		.14
7	35	22	13	25		.10
8	35	22	13	25		.13
9	35	22	13	25		.17
10	36	22	14	25		.14
11	36	22	14	25		.16
12	36	22	14	25		.09
13	37	23	14	25		.11
14	37	23	14	25		.13
15	37	23	14	25		.16
16	37	23	14	25		.14
17	38	23	15	25		.16
18	38	23	15	25		.10
19	38	24	14	25		.11
20	40	25	15	25		.13
21	40	25	15	25		.17
22	40	25	15	25		.15
23	40	25	15	25		.11
24	40	25	15	25		.14
25	42	27	15	25		.10
26	42	27	15	25		.11
27	42	27	15	25		.13
28	45	29	16	25		.16
29	45	29	16	25		.12
30	45	29	16	25		.13
31						

Cartridge Filtration

95% of daily turbidity readings $\leq$ 1 NTU? ☒ Yes ☐ No
 All daily turbidity readings $\leq$ 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 Cl₂ residual at entry point $\geq$ 0.2 mg/l? ☒ Yes ☐ No

PRINTED NAME:

SIGNATURE: *[Signature]*

DATE: 5-1-25

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

SAVIERS LANDING RV PARK ID #: OR4192061 WTP: WTP-A Month/Year:

April 2026

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]	C(T)	[°C]		Use tables	Yes / No	[GPM]
1 /	1.6	80	128	11.0	6.8	58	Y	950
2 /	1.6	80	128	10.7	6.8	58	Y	640
3 /	1.7	80	136	11.3	6.8	60	Y	580
4 /	1.7	80	136	11.0	6.8	60	Y	410
5 /	1.9	80	144	11.7	6.8	60	Y	580
6 /	1.9	80	152	11.4	6.8	61	Y	400
7 /	2.0	80	160	11.2	6.8	61	Y	480
8 /	1.6	80	128	11.8	6.7	58	Y	650
9 /	1.5	80	120	12.1	6.7	58	Y	510
10 /	1.6	80	128	11.6	6.7	58	Y	670
11 /	1.6	80	128	11.3	6.7	58	Y	610
12 /	1.8	80	144	11.5	6.7	60	Y	580
13 /	1.7	80	136	12.1	6.7	60	Y	1610
14 /	1.8	80	144	12.0	6.7	60	Y	810
15 /	1.6	80	128	12.3	6.7	58	Y	370
16 /	1.9	80	152	13.1	6.7	61	Y	570
17 /	2.2	80	176	13.2	6.6	62	Y	410
18 /	2.0	80	160	12.9	6.6	61	Y	760
19 /	2.1	80	168	12.3	6.6	61	Y	530
20 /	2.0	80	160	12.7	6.6	61	Y	420
21 /	1.7	80	136	13.1	6.6	60	Y	520
22 /	1.5	80	120	13.7	6.6	58	Y	540
23 /	1.3	80	104	13.9	6.6	57	Y	390
24 /	1.4	80	112	14.1	6.6	58	Y	440
25 /	1.3	80	104	13.8	6.6	57	Y	580
26 /	1.6	80	128	14.3	6.6	58	Y	390
27 /	1.7	80	136	14.5	6.6	60	Y	720
28 /	1.9	80	144	14.7	6.6	60	Y	510
29 /	1.6	80	128	14.3	6.6	58	Y	660
30 /	1.7	80	136	14.8	6.6	60	Y	620
31 /								

² If Cl₂ 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