

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:

OCT 2023

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	47	20	27	25		.13
2	47	20	27	25		.14
3	47	20	27	25		.11
4	48	20	28	25		.16
5	49	20	29	25		.17
6	49	20	29	25		.13
7	50	21	29	25		.11
8	50	21	29	25		.16
9	51	21	30	25		.10
10	51	21	30	25		.13
11	52	21	31	25		.11
12	52	21	31	25		.14
13	54	24	30	25		.16
14	54	24	30	25		.11
15	55	25	30	25		.10
16	55	25	30	25		.14
17	56	26	30	25		.13
18	56	26	30	25		.17
19	18	16	2	25		.13
20	18	16	2	25		.14
21	18	16	2	25		.11
22	14	16	2	25		.16
23	19	16	3	25		.14
24	19	16	3	25		.11
25	19	16	3	25		.10
26	19	16	3	25		.14
27	19	16	3	25		.12
28	19	16	3	25		.16
29	19	16	3	25		.11
30	19	16	3	25		.12
31	19	16	3	25		.16

Cartridge Filtration

95% of daily turbidity readings $\leq$ 1 NTU?
All daily turbidity readings $\leq$ 5 NTU?

Yes/No
Yes/No

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

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:

John Gage

SIGNATURE:

[Signature]

DATE:

11-1-23

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: OCT 2025

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]	CT	[° C]		Use tables	Yes / No	[GPM]
1 /	1.5	90	120	17.6	6.9	39	Y	900
2 /	1.4	90	112	17.9	6.9	36	Y	520
3 /	1.6	90	126	17.6	6.9	39	Y	800
4 /	1.7	90	136	17.3	6.9	40	Y	610
5 /	1.6	90	144	19.7	6.9	40	Y	990
6 /	1.6	90	129	19.4	6.9	39	Y	1090
7 /	1.5	90	120	19.3	6.9	38	Y	1070
8 /	1.3	90	104	19.4	6.9	36	Y	780
9 /	1.5	90	120	18.6	6.9	36	Y	950
10 /	1.5	90	120	18.4	6.9	36	Y	690
11 /	1.6	90	129	17.9	6.9	39	Y	490
12 /	1.6	90	144	18.3	6.9	40	Y	1620
13 /	1.7	90	136	18.1	6.9	40	Y	340
14 /	1.9	90	152	18.6	6.9	40	Y	330
15 /	2.0	90	160	18.1	6.9	41	Y	190
16 /	1.6	90	144	17.7	6.9	40	Y	230
17 /	1.9	90	152	16.4	6.9	40	Y	460
18 /	1.7	90	136	17.1	6.9	40	Y	620
19 /	1.6	90	144	17.4	6.9	40	Y	1290
20 /	1.6	90	128	15.4	6.9	39	Y	690
21 /	1.5	90	120	15.0	7.0	36	Y	1110
22 /	1.6	90	128	14.6	7.0	58	Y	590
23 /	1.5	90	120	14.3	7.0	58	Y	650
24 /	1.6	90	128	14.1	7.0	58	Y	390
25 /	1.7	90	136	14.2	7.0	58	Y	620
26 /	1.9	90	144	14.1	7.0	60	Y	660
27 /	1.7	90	136	13.9	7.0	60	Y	520
28 /	1.5	90	120	13.6	7.0	58	Y	140
29 /	1.6	90	128	14.1	7.0	58	Y	430
30 /	1.5	90	120	13.8	7.0	58	Y	450
31 /	1.4	90	112	13.5	7.0	57	Y	600

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.odt