

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Lincoln

Cartridge or Bag Filtration

Month/Year: 11-25

System Name: 		ID# 41 		WTP ID:		
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	19	16	3	25		.11
2	19	16	3	25		.10
3	19	16	3	25		.17
4	19	16	3	25		.15
5	21	16	5	25		.13
6	21	16	5	25		.12
7	22	16	6	25		.16
8	22	16	6	25		.13
9	23	16	7	25		.17
10	23	16	7	25		.12
11	25	16	9	25		.11
12	25	16	9	25		.14
13	25	16	9	25		.17
14	26	16	10	25		.14
15	26	16	10	25		.11
16	27	16	11	25		.12
17	27	16	11	25		.16
18	27	16	11	25		.13
19	29	17	11	25		.17
20	29	17	11	25		.14
21	29	17	12	25		.13
22	29	17	12	25		.15
23	31	17	14	25		.13
24	31	17	14	25		.11
25	33	17	16	25		.10
26	33	17	16	25		.13
27	34	17	17	25		.14
28	34	17	17	25		.11
29	35	17	18	25		.16
30	35	17	18	25		.14
31						

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <u>Yes/No</u> All daily turbidity readings ≤ 5 NTU? <u>Yes/No</u>		CT's met everyday? (see back) <u>Yes/No</u>	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes/No</u>
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: <u>John Gage</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>12-1-25</u>
		PHONE #: <u>(541) 265-3907</u>	CERT #:

¹ 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 Services – Surface Water Quality Data Form

Month/Year: 11/25

System Name: Sawyers Landing RV PARK ID# 419 2061

WTP

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 X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.4	80	112	13.6	7.0	57	Y	2970
2/	1.3	80	104	13.9	7.0	57	Y	640
3/	1.5	80	120	13.2	7.0	54	Y	430
4/	1.3	80	104	13.7	7.0	57	Y	520
5/	1.3	80	104	13.9	7.0	57	Y	470
6/	1.4	80	112	14.1	7.0	57	Y	500
7/	1.5	80	120	14.0	7.0	54	Y	960
8/	1.5	80	120	13.8	7.0	54	Y	730
9/	1.6	80	128	13.2	7.0	54	Y	360
10/	1.5	80	120	13.5	7.0	54	Y	773
11/	1.4	80	112	13.8	7.1	57	Y	550
12/	1.8	80	144	13.3	7.1	60	Y	330
13/	1.9	80	152	13.4	7.1	61	Y	680
14/	1.8	80	144	13.6	7.1	60	Y	440
15/	1.7	80	136	13.8	7.1	60	Y	Y80
16/	1.6	80	128	13.7	7.1	58	Y	410
17/	1.7	80	136	14.1	7.1	60	Y	590
18/	1.8	80	144	13.3	7.1	60	Y	420
19/	1.7	80	136	13.1	7.1	60	Y	410
20/	1.6	80	128	12.6	7.1	54	Y	570
21/	1.5	80	120	13.2	7.1	54	Y	320
22/	1.5	80	128	13.4	7.1	54	Y	680
23/	1.4	80	112	13.0	7.1	57	Y	650
24/	1.5	80	120	12.7	7.1	54	Y	460
25/	1.7	80	136	11.6	7.1	60	Y	490
26/	1.7	80	136	10.9	7.1	60	Y	990
27/	1.8	80	144	11.3	7.1	60	Y	1940
28/	1.7	80	136	11.1	7.0	60	Y	910
29/	1.9	80	152	11.0	7.0	61	Y	950
30/	1.8	80	144	11.3	7.0	60	Y	880
31/								

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

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Return by 10th of following month by email, fax or mail to:

dwp.dmce@oha.oregon.gov; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR

97293-0350

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