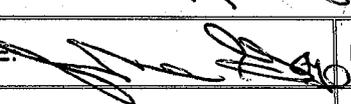


OHA - Drinking Water Services - Turbidity Monitoring Report Form  
 Cartridge or Bag Filtration

County: Lincoln

Month/Year: 12-25

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 <sup>1</sup> [NTU]
1	36	17	19	25		.14
2	40	17	23	25		.13
3	40	17	23	25		.11
4	41	17	24	25		.15
5	42	17	25	25		.11
6	44	18	26	25		.14
7	44	18	26	25		.15
8	44	18	26	25		.11
9	46	20	26	25		.10
10	46	20	26	25		.13
11	46	20	26	25		.11
12	47	20	27	25		.13
13	47	20	27	25		.10
14	48	21	27	25		.14
15	49	21	28	25		.16
16	49	21	28	25		.12
17	51	22	29	25		.14
18	51	22	29	25		.17
19	52	23	29	25		.14
20	52	23	29	25		.11
21	52	23	30	25		.15
22	54	23	31	25		.14
23	54	23	31	25		.09
24	55	23	32	25		.11
25	55	24	31	25		.13
26	56	24	32	25		.12
27	56	25	31	25		.10
28	59	25	33	25		.11
29	59	25	33	25		.14
30	56	25	33	25		.16
31	59	26	33	25		.13

<b>Cartridge Filtration Monthly Summary</b> 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	<b>Monthly Summary (Answer Yes or No)</b>	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
<b>Notes:</b> 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: 	DATE: 1-1-26
	PHONE #: (541) 265-3907	CERT #:

<sup>1</sup> 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: 12/25

System Name: Sawyers Landing Rv Park ID# 4192061								WTP
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/	1.8	80	144	11.4	7.1	60	Y	280
2/	1.6	80	128	11.2	7.1	58	Y	600
3/	1.5	80	120	11.1	7.1	58	Y	470
4/	1.4	80	112	11.3	7.1	57	Y	690
5/	1.5	80	120	11.6	7.1	58	Y	770
6/	1.7	80	136	11.5	7.1	60	Y	930
7/	1.8	80	144	11.1	7.1	60	Y	420
8/	1.9	80	152	11.5	7.1	61	Y	720
9/	2.0	80	160	11.3	7.1	61	Y	510
10/	2.2	80	176	11.6	7.1	62	Y	630
11/	2.1	80	168	11.7	7.1	62	Y	620
12/	1.9	80	152	11.4	7.1	61	Y	680
13/	1.8	80	144	11.3	7.0	60	X	440
14/	1.6	80	128	11.7	7.0	58	Y	660
15/	1.4	80	112	11.8	7.0	57	Y	620
16/	1.5	80	120	11.6	6.9	58	Y	820
17/	1.7	80	136	11.4	6.9	60	Y	730
18/	1.6	80	128	11.3	6.9	58	Y	510
19/	1.7	80	136	11.0	6.9	60	X	890
20/	1.5	80	120	11.4	6.9	57	Y	610
21/	1.6	80	128	11.3	6.9	58	Y	350
22/	1.5	80	120	11.0	6.9	57	Y	490
23/	1.7	80	136	10.9	6.9	60	Y	1100
24/	1.7	80	136	11.1	6.9	60	Y	560
25/	1.6	80	128	11.4	6.9	58	Y	810
26/	1.5	80	120	11.3	6.9	57	Y	960
27/	1.4	80	112	10.1	6.9	76	Y	910
28/	1.5	80	120	10.4	6.9	77	Y	960
29/	1.7	80	136	10.3	6.9	79	Y	530
30/	1.8	80	144	10.7	6.9	79	Y	930
31/	1.6	80	128	10.1	6.9	77	Y	830

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

Revised November 2022

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf)

Return by 10<sup>th</sup> 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