

OHA - Drinking Water Services — Turbidity Monitoring Report Form

County:

Lincoln

Cartridge or Bag Filtration

Month/Year:

01/2026

System Name: Sawyer's Landing R.V. Park

4192061

WTP ID:

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading	Highest Reading of the Day ¹ NT
1	60	27	33	25		.11
2	60	27	33	25		.14
3	61	27	34	25		.10
4	19	12	7	25		.13
5	19	12	7	25		.14
6	19	12	7	25		.16
7	19	12	7	25		.11
8	19	12	7	25		.10
9	19	12	7	25		.14
10	20	12	8	25		.09
11	20	12	8	25		.11
12	20	12	8	25		.13
13	20	12	8	25		.17
14	21	12	9	25		.12
15	21	12	9	25		.14
16	22	12	10	25		.17
17	22	13	11	25		.16
18	22	13	11	25		.11
19	22	13	11	25		.10
20	22	13	11	25		.13
21	22	13	11	25		.12
22	24	13	9	25		.09
23	24	13	9	25		.11
24	24	14	10	25		.17
25	24	14	10	25		.13
26	24	14	10	25		.14
27	24	15	9	25		.16
28	24	15	9	25		.11
29	24	15	9	25		.15
30	24	15	9	25		.13
31	25	15	10	25		.11

Cartridge Filtration

Monthly Summary (Answer Yes or No)

Monthl Summary

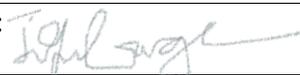
95% of daily turbidity readings I NTU? Yes / No
 All daily turbidity readings 5 NTU? Yes / No

CTS met everyday?
(see back)
 Yes / No

All C12 residual at entry point 2 0.2 mg/l?
 Yes / No

Notes: PSI = pounds per square inch
 PSID = pounds per square inch difference
 (before

PRINTED NAME: John Gage

SIGNATURE: 

DATE: 1/31/2026

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.

PHONE (541-265-3907)

CERT

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity purposes.

Reading" Column may not correspond to continuous readings' PAGE f maximum.of 2

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Data Form

OHA - Drinking Water Services Surface Water Quality

01/2026

Month"Year:

System Name: 41								
Date / Time	Mtntmum C12 Residual at 1 st User C12 (ppm or mg/L)	Contact Time (T) [minutes]	Actual CT C XT	Temp	pH	Required CT Use tables	CT Met? ² Yes ! No	Peak Hourly Demand Flow [GPM]
1/	1.7	80	136	10.0	6.9	79	Y	720
2 /	1.7	80	136	10.2	6.9	79	Y	740
3 /	1.6	80	128	10.3	6.9	77	Y	670
4 /	1.5	80	120	10.1	6.9	77	Y	870
5 /	1.6	80	128	9.9	6.9	77	Y	770
6 /	1.6	80	128	10.3	6.9	77	Y	1050
7 /	1.3	80	104	10.1	6.9	76	Y	680
8 /	1.4	80	112	10.2	6.9	76	Y	560
9 /	1.5	80	120	10.3	6.9	77	Y	720
10 /	1.4	80	112	10.0	6.9	76	Y	950
11/	1.5	80	120	10.4	6.9	77	Y	610
12 /	1.6	80	128	10.3	6.9	77	Y	690
13 /	1.6	80	128	10.8	6.9	77	Y	330
14 /	1.7	80	136	10.0	6.9	79	Y	850
15 /	1.5	80	120	9.4	6.9	77	Y	890
16 /	1.3	80	104	10.6	6.9	76	Y	570
17 /	1.4	80	112	10.7	6.9	76	Y	450
18 /	1.6	80	128	10.5	6.9	77	Y	650
19 /	1.7	80	136	10.0	7.0	79	Y	940
20 /	1.5	80	120	9.7	7.0	77	Y	460
21 /	1.6	80	128	10.2	7.0	77	Y	710
22 /	1.7	80	136	10.3	7.0	79	Y	430
23 /	1.6	80	128	10.1	7.0	77	Y	820
24 /	1.6	80	128	10.0	7.0	77	Y	610
25 /	1.7	80	136	10.6	7.0	78	Y	380

26 /	1.5	80	120	10.7	7.0	77	Y	320
27 /	1.6	80	128	10.3	7.0	77	Y	490
28 /	1.6	80	128	10.1	7.0	77	Y	420
29 /	1.7	80	136	10.4	7.0	78	Y	500
30 /	1.7	80	136	10.0	7.0	78	Y	570
31 /	1.6	80	128	10.6	7.0	77	Y	290

2 If C12 at entry point at: public.health.oregon.gov/HealthvEnvironments/DrinkingWater/Monitoring/Documents/!urb-cartridge.pdf < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised November 2022 Download form

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