

OHA - Drinking Water Services - Surface Water Quality Data Form

County: COOS

Cartridge or Bag Filtration

Month/Year: Jun-22

System Name: Sleepy Hollow RV Park		ID#: 41	94283	WTP ID: TP- A		
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	72.00	72.00	0.00	25.00	1.76	
2	74.00	74.00	0.00	25.00	1.68	
3	77.00	77.00	0.00	25.00	2.90	
4	79.00	79.00	0.00	25.00	2.67	
5	82.00	82.00	0.00	25.00	2.39	
6	83.00	83.00	0.00	25.00	2.19	
7	40.00	33.00	7.00	25.00	0.98	
8	60.00	56.00	4.00	25.00	2.00	
9	67.00	67.00	0.00	25.00	1.98	
10	71.00	71.00	0.00	25.00	2.07	
11	71.00	66.00	5.00	25.00	1.87	
12	76.00	76.00	0.00	25.00	2.15	
13	70.00	65.00	5.00	25.00	1.98	
14	10.00	5.00	5.00	25.00	4.24	
15	20.00	16.00	4.00	25.00	3.29	
16	56.00	56.00	0.00	25.00	3.54	
17	60.00	60.00	0.00	25.00	2.74	
18	65.00	65.00	0.00	25.00	3.78	
19	63.00	63.00	0.00	25.00	3.35	
20	81.00	81.00	0.00	25.00	2.18	
21	21.00	11.00	10.00	25.00	2.21	
22	51.00	47.00	4.00	25.00	1.78	
23	65.00	65.00	0.00	25.00	1.55	
24	72.00	72.00	0.00	25.00	1.41	
25	70.00	65.00	5.00	25.00	1.31	
26	79.00	74.00	5.00	25.00	1.44	
27	80.00	80.00	0.00	25.00	1.35	
28	83.00	83.00	0.00	25.00	1.21	
29	18.00	6.00	12.00	25.00	1.09	
30	72.00	72.00	0.00	25.00	0.90	
31				25.00		

<p><b>Cartridge &amp; Bag Filtration</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Notes: PSI = pounds per square inch</p> <p>PSID = pounds per square inch difference (before filter - after filter)</p> <p>PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID.</p>		<p>PRINTED NAME: Jonathan Woody</p> <p>SIGNATURE: <i>Jonathan Woody</i> DATE: 7.10.22</p> <p>PHONE #: (541) 643-6137 CERT #: 7232</p>	

<sup>1</sup> Including continuous NTU 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

WTP- : A

System Name: Sleepy Hollow RV Park	ID#: 41 94283	Month/Year: Jun-22	Disinfection Giardia Log Inactiv: 1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>2</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	2	28	56.0	18.0	7.26	27.5	YES	40
2	1.6	28	44.8	15.5	7.27	31.2	YES	40
3	1.8	28	50.4	16.6	7.22	29.1	YES	40
4	2	28	56.0	15.8	7.24	31.6	YES	40
5	1.7	28	47.6	15.7	7.32	31.7	YES	40
6	1.6	28	44.8	15.3	7.28	31.7	YES	40
7	1.6	28	44.8	14.8	7.26	32.6	YES	40
8	1.7	28	47.6	19.0	7.25	24.8	YES	40
9	1.6	28	44.8	16.1	7.35	30.9	YES	40
10	1.6	28	44.8	18.9	7.38	25.9	YES	40
11	1.9	28	53.2	17.6	7.25	27.8	YES	40
12	1.9	28	53.2	16.1	7.43	32.9	YES	40
13	2.3	28	64.4	16.7	7.30	31.5	YES	40
14	1.6	28	44.8	14.5	7.43	35.4	YES	40
15	1.6	28	44.8	15.3	7.42	33.4	YES	40
16	1.7	28	47.6	15.6	7.42	33.1	YES	40
17	1.8	28	50.4	14.9	7.43	35.2	YES	40
18	1.8	28	50.4	14.6	7.33	34.6	YES	40
19	2.5	28	70.0	17.9	7.32	30.0	YES	40
20	2.4	28	67.2	16.5	7.31	32.4	YES	40
21	2.1	28	58.8	20.0	7.34	25.1	YES	40
22	2.3	28	64.4	17.5	7.31	30.0	YES	40
23	2.5	28	70.0	17.2	7.31	31.3	YES	40
24	1.8	28	50.4	17.6	7.37	28.8	YES	40
25	1.6	28	44.8	20.7	7.32	22.4	YES	40
26	1.6	28	44.8	19.5	7.44	25.4	YES	40
27	1.6	28	44.8	19.5	7.43	25.3	YES	40
28	1.7	28	47.6	19.4	7.46	26.1	YES	40
29	1.6	28	44.8	18.8	7.47	26.9	YES	40
30	2.4	28	67.2	18.1	7.46	30.8	YES	40
31		28						40

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

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

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Revised July 2018