

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Coos  
 Month/Year: Sep-22

Cartridge or Bag Filtration

System Name:	SleepyHollow RV		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	28.00	5.00	23.00	25.00	0.41	0.41	
2	35.00	7.00	28.00	25.00	0.29	0.29	
3	25.00	5.00	20.00	25.00	0.20	0.20	
4	37.00	4.00	33.00	25.00	0.31	0.31	
5	34.00	4.00	30.00	25.00	0.41	0.41	
6	35.00	3.00	32.00	25.00	0.22	0.22	
7	35.00	3.00	32.00	25.00	0.18	0.18	
8	19.00	14.00	5.00	25.00	0.18	0.18	
9	18.00	11.00	7.00	25.00	0.14	0.14	
10	23.00	11.00	12.00	25.00	0.18	0.18	
11	17.00	10.00	7.00	25.00	0.35	0.35	
12	22.00	5.00	17.00	25.00	0.18	0.18	
13	13.00	8.00	5.00	25.00	0.48	0.48	
14	25.00	3.00	22.00	25.00	0.12	0.12	
15	58.00	3.00	55.00	25.00	0.23	0.23	
16	73.00	0.00	73.00	25.00	0.23	0.23	
17	77.00	0.00	77.00	25.00	0.23	0.23	
18	77.00	0.00	77.00	25.00	0.26	0.26	
19	63.00	3.00	60.00	25.00	0.27	0.27	
20	62.00	42.00	20.00	25.00	0.38	0.38	
21	18.00	16.00	2.00	25.00	0.81	0.81	
22	28.00	12.00	16.00	25.00	0.28	0.28	
23	40.00	12.00	28.00	25.00	0.65	0.65	
24	12.00	8.00	4.00	25.00	0.36	0.36	
25	30.00	12.00	18.00	25.00	0.38	0.38	
26	30.00	12.00	18.00	25.00	0.49	0.49	
27	42.00	20.00	22.00	25.00	0.58	0.58	
28	56.00	20.00	36.00	25.00	0.65	0.65	
29	68.00	20.00	48.00	25.00	0.29	0.29	
30	12.00	8.00	4.00	25.00	0.31	0.31	
31							

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter - after filter) PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID.		PRINTED NAME: Jonathan Woody	DATE: 10-7-22
		SIGNATURE: <i>John Woody</i>	CERT #: 7232
		PHONE #: (541) 643 6137	

<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
Disinfection Giardia Log Inactiv:	1

System Name: Sleepy Hollow RV ID#: 41 94283 Month/Year: Septmeber 2022

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.3	28	36.4	21.2	7.34	21.1	YES	40
2	2	28	56.0	19.8	7.44	26.1	YES	40
3	0.82	28	23.0	20.8	7.08	18.6	YES	40
4	1.4	28	39.2	20.0	7.27	22.5	YES	40
5	0.8	28	22.4	20.0	7.22	20.6	YES	40
6	1.25	28	35.0	21.4	7.45	21.6	YES	40
7	1.34	28	37.5	18.5	7.40	26.0	YES	40
8	0.93	28	26.0	20.0	7.40	22.4	YES	40
9	0.79	28	22.1	22.1	7.44	19.4	YES	40
10	1.3	28	36.4	22.3	7.39	20.0	YES	40
11	1.71	28	47.9	19.2	7.20	24.0	YES	40
12	2.06	28	57.7	19.5	7.10	23.6	YES	40
13	2.2	28	61.6	20.2	7.25	24.2	YES	40
14	2.2	28	61.6	19.6	7.44	27.0	YES	40
15	1.69	28	47.3	18.2	7.12	24.9	YES	40
16	1.75	28	49.0	17.3	7.24	27.8	YES	40
17	1.75	28	49.0	17.5	7.66	32.1	YES	40
18	2.2	28	61.6	17.3	7.96	38.2	YES	40
19	2.19	28	61.3	18.9	7.18	25.7	YES	40
20	0.91	28	25.5	16.5	7.04	24.7	YES	40
21	1.23	28	34.4	17.1	7.15	25.7	YES	40
22	1.18	28	33.0	17.2	7.15	25.4	YES	40
23	1.13	28	31.6	17.5	7.23	25.5	YES	40
24	0.98	28	27.4	16.6	7.00	24.4	YES	40
25	1.36	28	38.1	18.5	7.12	23.5	YES	40
26	1.57	28	44.0	16.9	7.08	26.4	YES	40
27	2.01	28	56.3	17.2	7.19	28.3	YES	40
28	1.18	28	33.0	16.9	7.07	25.1	YES	40
29	2.2	28	61.6	18.2	7.09	26.1	YES	40
30	1.3	28	36.4	18.8	7.22	23.7	YES	40
31								

<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 July 2018

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