

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-

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	20.00	18.00	2.00	25.00	0.37	0.37
2	20.00	18.00	2.00	25.00	0.28	0.28
3	20.00	18.00	2.00	25.00	0.14	0.14
4	22.00	20.00	2.00	25.00	0.16	0.16
5	22.00	20.00	2.00	25.00	0.22	0.22
6	22.00	16.00	6.00	25.00	0.29	0.29
7	28.00	16.00	12.00	25.00	0.30	0.30
8	19.00	9.00	10.00	25.00	0.28	0.28
9	20.00	9.00	11.00	25.00	0.47	0.47
10	20.00	18.00	2.00	25.00	0.47	0.47
11	20.00	18.00	2.00	25.00	0.72	0.72
12	20.00	13.00	7.00	25.00	0.30	0.30
13	16.00	12.00	4.00	25.00	0.58	0.58
14	16.00	14.00	2.00	25.00	0.45	0.45
15	18.00	16.00	2.00	25.00	0.19	0.19
16	20.00	20.00	0.00	25.00	0.37	0.37
17	18.00	18.00	0.00	25.00	0.26	0.26
18	18.00	16.00	2.00	25.00	0.37	0.37
19	22.00	18.00	4.00	25.00	0.23	0.23
20	24.00	12.00	12.00	25.00	0.30	0.30
21	28.00	12.00	16.00	25.00	0.73	0.73
22	28.00	12.00	16.00	25.00	0.12	0.12
23	28.00	13.00	15.00	25.00	0.18	0.18
24	28.00	12.00	16.00	25.00	0.36	0.36
25	29.00	13.00	16.00	25.00	0.28	0.28
26	34.00	18.00	16.00	25.00	0.92	0.92
27	34.00	18.00	16.00	25.00	0.29	0.29
28	20.00	18.00	2.00	25.00	0.58	0.58
29	16.00	14.00	2.00	25.00	0.74	0.74
30	16.00	14.00	2.00	25.00	0.72	0.72
31	16.00	14.00	2.00	25.00	0.46	0.46

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes/No <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?	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Yes/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: <i>Jonathan Wady</i> SIGNATURE: <i>John Wady</i> DATE: 11-9-22 PHONE #: (541) 643-6137 CERT #: 7232	

¹ 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	ID#: 41	94283	Month/Year:	Oct-22	Disinfection Giardia Log Inactiv:	1
--------------	------------------	---------	-------	-------------	--------	---	---

Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	1.17	28	32.8	18.3	7.18	23.8	YES	
2	1.28	28	35.8	17.1	7.24	26.7	YES	
3	1.24	28	34.7	17.3	7.07	24.6	YES	
4	1.21	28	33.9	16.8	7.11	25.8	YES	
5	1.09	28	30.5	17.5	7.06	23.8	YES	
6	1.12	28	31.4	16.8	7.20	26.4	YES	
7	1.62	28	45.4	16.4	7.10	27.6	YES	
8	1.77	28	49.6	17.0	6.99	25.9	YES	
9	1.98	28	55.4	16.6	7.02	27.6	YES	
10	1.25	28	35.0	16.3	6.98	25.5	YES	
11	1.38	28	38.6	16.3	6.98	25.9	YES	
12	1.55	28	43.4	17.8	7.10	25.0	YES	
13	1.08	28	30.2	17.9	6.93	22.0	YES	
14	1.59	28	44.5	17.5	7.20	26.6	YES	
15	1.09	28	30.5	17.9	7.05	23.1	YES	
16	1.86	28	52.1	16.1	7.01	28.0	YES	
17	1.24	28	34.7	17.1	7.10	25.2	YES	
18	1.64	28	45.9	16.6	7.04	26.7	YES	
19	1.41	28	39.5	16.4	7.30	29.1	YES	
20	1.12	28	31.4	16.4	7.10	26.1	YES	
21	1.25	28	35.0	15.6	7.35	30.7	YES	
22	2.15	28	60.2	14.6	7.38	36.7	YES	
23	2.15	28	60.2	13.3	7.21	37.6	YES	
24	1.84	28	51.5	12.3	7.24	39.7	YES	
25	2.18	28	61.0	12.3	7.24	41.2	YES	
26	1.9	28	53.2	12.2	7.20	39.6	YES	
27	2.7	28	75.6	11.5	7.21	45.6	YES	
28	1.91	28	53.5	11.0	7.19	42.8	YES	
29	1.93	28	54.0	12.3	7.03	37.2	YES	
30	2.1	28	58.8	13.1	7.15	37.0	YES	
31	2.08	28	58.2	12.3	7.11	38.9	YES	

² If Cl₂ 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