

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Coos

Cartridge or Bag Filtration

Month/Year: Jul-23

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	55.00	39.00	16.00	25.00	0.18	
2	55.00	39.00	16.00	25.00	0.20	
3	55.00	38.00	17.00	25.00	0.12	
4	55.00	38.00	17.00	25.00	0.15	
5	55.00	38.00	17.00	25.00	0.12	
6	55.00	37.00	18.00	25.00	0.16	
7	55.00	37.00	18.00	25.00	0.19	
8	55.00	37.00	18.00	25.00	0.13	
9	55.00	37.00	18.00	25.00	0.17	
10	55.00	37.00	18.00	25.00	0.18	
11	55.00	37.00	18.00	25.00	0.19	
12	55.00	36.00	19.00	25.00	0.27	
13	55.00	36.00	19.00	25.00	0.45	
14	55.00	35.00	20.00	25.00	0.56	
15	55.00	32.00	23.00	25.00	0.65	
16	55.00	31.00	24.00	25.00	0.70	
17	55.00	30.00	25.00	25.00	0.86	changed filters
18	52.00	50.00	2.00	25.00	0.06	
19	52.00	50.00	2.00	25.00	0.08	
20	52.00	50.00	2.00	25.00	0.11	
21	52.00	50.00	2.00	25.00	0.07	
22	52.00	50.00	2.00	25.00	0.11	
23	53.00	49.00	4.00	25.00	0.12	
24	53.00	49.00	4.00	25.00	0.09	
25	53.00	49.00	4.00	25.00	0.11	
26	53.00	49.00	4.00	25.00	0.09	
27	53.00	49.00	4.00	25.00	0.12	
28	54.00	49.00	5.00	25.00	0.23	
29	54.00	49.00	5.00	25.00	0.17	
30	54.00	49.00	5.00	25.00	0.16	
31	54.00	49.00	5.00	25.00	0.12	

95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <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 Woody</i> SIGNATURE: <i>John Woody</i> DATE: <i>8/8/23</i> PHONE #: <i>(541) 643-6137</i> CERT #: <i>7232</i>	

<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.

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WTP: :	A
Disinfection Giardia Log Inactiv:	1

System Name: Sleepy Hollow RV ID#: 41 94283 Month/Year: Jul-23

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	47.4	47.4	17.9	7.04	22.8	YES	3
2	1.02	47.4	48.3	18.0	7.20	24.1	YES	3
3	1.06	47.4	50.2	18.2	7.11	23.1	YES	3
4	1.09	47.4	51.7	18.2	7.13	23.3	YES	3
5	1.09	47.4	51.7	18.3	7.25	24.2	YES	3
6	1.01	47.4	47.9	18.7	7.18	22.7	YES	3
7	0.99	47.4	46.9	18.6	7.32	24.1	YES	3
8	1.01	47.4	47.9	18.9	7.15	22.2	YES	3
9	1.03	47.4	48.8	19.2	7.25	22.6	YES	3
10	1.23	47.4	58.3	19.6	7.19	22.0	YES	3
11	1.19	47.4	56.4	17.8	7.33	26.1	YES	3
12	1.11	47.4	52.6	19.5	7.16	21.6	YES	3
13	1.09	47.4	51.7	19.6	7.13	21.2	YES	3
14	1.02	47.4	48.3	20.0	7.18	20.9	YES	3
15	1.04	47.4	49.3	20.7	7.19	20.0	YES	3
16	1.06	47.4	50.2	20.3	7.12	20.1	YES	3
17	1.08	47.4	51.2	20.9	7.16	19.6	YES	3
18	1.02	47.4	48.3	21.6	7.02	17.6	YES	3
19	1.08	47.4	51.2	22.0	7.09	17.7	YES	3
20	1.03	47.4	48.8	21.8	7.11	18.0	YES	3
21	1.07	47.4	50.7	21.8	7.39	20.1	YES	3
22	1.01	47.4	47.9	22.1	7.21	18.3	YES	3
23	1.06	47.4	50.2	22.6	7.25	18.0	YES	3
24	1.02	47.4	48.3	21.8	7.13	18.1	YES	3
25	0.99	47.4	46.9	22.0	7.19	18.2	YES	3
26	1.01	47.4	47.9	21.9	7.22	18.6	YES	3
27	1.03	47.4	48.8	21.6	7.14	18.5	YES	3
28	1.03	47.4	48.8	21.7	7.15	18.4	YES	3
29	1.02	47.4	48.3	22.3	7.28	18.5	YES	3
30	0.99	47.4	46.9	22.4	7.30	18.5	YES	3
31	0.98	47.4	46.5	22.1	7.23	18.4	YES	3

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

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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