

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Coos

Cartridge or Bag Filtration

Month/Year: Nov-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	52.00	44.00	8.00	25.00	0.10	
2	52.00	42.00	10.00	25.00	0.16	
3	52.00	42.00	10.00	25.00	0.17	
4	52.00	42.00	10.00	25.00	0.28	
5	52.00	42.00	10.00	25.00	0.43	
6	54.00	43.00	11.00	25.00	0.32	
7	54.00	43.00	11.00	25.00	0.21	
8	54.00	43.00	11.00	25.00	0.16	
9	54.00	42.00	12.00	25.00	0.21	
10	54.00	42.00	12.00	25.00	0.19	
11	54.00	41.00	13.00	25.00	0.23	
12	54.00	40.00	14.00	25.00	0.21	
13	54.00	40.00	14.00	25.00	0.18	
14	54.00	40.00	14.00	25.00	0.23	
15	54.00	40.00	14.00	25.00	0.48	
16	54.00	40.00	14.00	25.00	0.15	
17	54.00	40.00	14.00	25.00	0.26	
18	54.00	40.00	14.00	25.00	0.40	
19	54.00	40.00	14.00	25.00	0.22	
20	54.00	40.00	14.00	25.00	0.09	
21	54.00	39.00	15.00	25.00	0.19	
22	54.00	37.00	17.00	25.00	0.12	
23	54.00	37.00	17.00	25.00	0.30	
24	54.00	37.00	17.00	25.00	0.14	
25	54.00	34.00	20.00	25.00	0.62	
26	54.00	34.00	20.00	25.00	0.26	
27	54.00	32.00	22.00	25.00	0.09	
28	54.00	32.00	22.00	25.00	0.09	
29	54.00	31.00	23.00	25.00	0.08	
30	54.00	30.00	24.00	25.00	0.25	
31				25.00		

95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Monthly Summary (Answer Yes or No)</b>	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Notes:</b> PSI = pounds per square inch	<b>PRINTED NAME:</b> Jonathan Woody	
PSID = pounds per square inch difference (before filter - after filter)	<b>SIGNATURE:</b> <i>John Woody</i>	<b>DATE:</b> 12-9-23
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter at what PSID.	<b>PHONE #:</b> (541) 643-6137	<b>CERT #:</b> 7232

<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  
Inactive:

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System Name: Sleepy Hollow RV ID#: 41 94283 Month/Year: Nov-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	1.95	47.4	92.4	12.1	7.09	38.6	YES	10
2	1.98	47.4	93.9	13.6	7.60	41.7	YES	10
3	2.12	47.4	100.5	13.4	7.40	39.9	YES	10
4	1.85	47.4	87.7	14.7	7.31	34.3	YES	10
5	1.32	47.4	62.6	13.6	7.11	32.3	YES	10
6	1.44	47.4	68.3	13.3	7.09	33.2	YES	10
7	1.27	47.4	60.2	10.9	7.06	38.3	YES	10
8	1.19	47.4	56.4	11.0	7.53	44.4	YES	10
9	1.98	47.4	93.9	11.1	7.10	41.5	YES	10
10	2.01	47.4	95.3	11.2	7.38	45.6	YES	10
11	2.19	47.4	103.8	11.3	8.00	57.7	YES	10
12	2.25	47.4	106.7	11.3	7.60	50.4	YES	10
13	2.2	47.4	104.3	11.2	7.35	46.1	YES	10
14	0.99	47.4	46.9	10.3	7.60	46.6	YES	10
15	1.37	47.4	64.9	13.0	7.60	40.5	YES	10
16	1.26	47.4	59.7	13.1	7.71	41.4	YES	10
17	1.27	47.4	60.2	11.1	7.41	42.7	YES	10
18	1.26	47.4	59.7	11.2	7.70	46.9	YES	10
19	1.57	47.4	74.4	11.5	7.15	39.3	YES	10
20	1.31	47.4	62.1	9.0	7.14	44.8	YES	10
21	1.49	47.4	70.6	10.1	7.30	45.0	YES	10
22	1.51	47.4	71.6	10.5	7.60	48.8	YES	10
23	1.19	47.4	56.4	8.7	7.51	51.4	YES	10
24	1.34	47.4	63.5	8.5	7.61	54.9	YES	10
25	1.42	47.4	67.3	8.4	6.91	43.5	YES	10
26	1.39	47.4	65.9	8.2	7.20	48.7	YES	10
27	1.29	47.4	61.1	8.0	7.19	48.6	YES	10
28	1.31	47.4	62.1	9.1	7.41	49.0	YES	10
29	1.99	47.4	94.3	8.0	8.10	73.3	YES	10
30	2.3	47.4	109.0	7.9	7.95	72.4	YES	10
31		47.4						

<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