

OHA - Drinking Water Services – Turbidity Monitoring Report Form
Cartridge or Bag Filtration

County: DOUGLAS

System Name: ON THE RIVER GOLF & RV RESORT ID #41: 94929 WTP-: _____ Month/Year: 4/2021

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	62	60	2	20	.019	.019
2	62	60	2	20	.019	.019
3	62	60	2	20	.019	.019
4	62	60	2	20	.019	.019
5	62	60	2	20	.019	.019
6	62	60	2	20	.019	.019
7	62	60	2	20	.019	.019
8	62	60	2	20	.019	.019
9	62	60	2	20	.019	.019
10	62	60	2	20	.019	.019
11	62	60	2	20	.019	.019
12	62	60	2	20	.019	.019
13	62	60	2	20	.019	.019
14	62	60	2	20	.019	.019
15	62	60	2	20	.019	.019
16	62	60	2	20	.019	.019
17	62	60	2	20	.019	.019
18	62	60	2	20	.019	.019
19	62	60	2	20	.019	.019
20	62	60	2	20	.019	.019
21	62	60	2	20	.019	.019
22	62	60	2	20	.019	.019
23	62	60	2	20	.019	.019
24	62	60	2	20	.019	.019
25	62	60	2	20	.019	.019
26	62	60	2	20	.019	.019
27	62	60	2	20	.019	.019
28	62	60	2	20	.019	.019
29	62	60	2	20	.019	.019
30	62	60	2	20	.019	.019
31						

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter – after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: <u>STEVE SUMNER</u> SIGNATURE: <u>[Signature]</u> DATE: <u>5/7/2021</u>	
Data Mgmt & Compliance Drinking Water Program MAY 10 2021		PHONE #: <u>(541) 879-3505</u> CERT #: <u>N/A</u>	

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: ON THE RIVER GOLF & RV ID #41: 94929 WTP-: _____ Month/Year: 4/2021

Date / Time	Minimum Cl ₂ Residual at 1 st 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]		Use tables	Yes / No	[GPM]
11/9A	.6	58	34.8	18	7.5	29	YES	30
21/9A	.6	58	34.8	18	7.5	29	YES	30
31/9A	.6	58	34.8	18	7.5	29	YES	30
41/9A	.6	58	34.8	18	7.5	29	YES	30
51/9A	.6	58	34.8	18	7.5	29	YES	30
61/9A	.6	58	34.8	18	7.5	29	YES	30
71/9A	.6	58	34.8	19	7.5	21	YES	30
81/9A	.6	58	34.8	18	7.5	29	YES	30
91/9A	.6	58	34.8	18	7.5	29	YES	30
101/9A	.6	58	34.8	19	7.5	21	YES	30
111/9A	.6	58	34.8	19	7.5	21	YES	30
121/9A	.6	58	34.8	19	7.5	21	YES	30
131/9A	.6	58	34.8	18	7.5	29	YES	30
141/9A	.6	58	34.8	19	7.5	21	YES	30
151/9A	.6	58	34.8	19	7.5	21	YES	30
161/9A	.6	58	34.8	19	7.5	21	YES	30
171/9A	.6	58	34.8	19	7.5	21	YES	30
181/9A	.6	58	34.8	19	7.5	21	YES	30
191/9A	.6	58	34.8	19	7.5	21	YES	30
201/9A	.6	58	34.8	19	7.5	21	YES	30
211/9A	.6	58	34.8	19	7.5	21	YES	30
221/9A	.6	58	34.8	19	7.5	21	YES	30
231/9A	.6	58	34.8	19	7.5	21	YES	30
241/9A	.6	58	34.8	19	7.5	21	YES	30
251/9A	.6	58	34.8	19	7.5	21	YES	30
261/9A	.6	58	34.8	19	7.5	21	YES	30
271/9A	.6	58	34.8	19	7.5	21	YES	30
281/9A	.6	58	34.8	19	7.5	21	YES	30
291/9A	.6	58	34.8	19	7.5	21	YES	30
30/9A	.6	58	34.8	19	7.5	21	YES	30
31/								

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised October 2013
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

