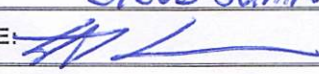


OHA - Drinking Water Services – Turbidity Monitoring Report Form NOV 08 2024 County: DOUGLAS
 Cartridge or Bag Filtration

System Name: ON THE RIVER GOLF RV RESORT ID #41: 94929 WTP: Certification Drinking Water Services Month: Year: 10/2024

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	62	60	2	20	.019	.019

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
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	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ 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 = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.		PRINTED NAME: STEVE SUMNER	DATE: 11/4/2024
		SIGNATURE: 	CERT #: N/A
		PHONE #: (541) 679-3505	

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.

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OHA - Drinking Water Program – Surface Water Quality Data Form

System Name: ON THE RIVER GOLF + RV ID #41: 94929 WWP: 08/2021 Month/Year: 10/2024

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ² [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [°C]	pH	Certification Drinking Water Services		Peak Hourly Demand Flow [GPM]
						Required CT Use tables	CT Met? ² Yes / No	
1 / 9A	.6	58	34.8	20	7.5	21	YES	30
2 / 9A	.6	58	34.8	20	7.5	21	YES	30
3 / 9A	.6	58	34.8	20	7.5	21	YES	30
4 / 9A	.6	58	34.8	20	7.5	21	YES	30
5 / 9A	.6	58	34.8	20	7.5	21	YES	30
6 / 9A	.6	58	34.8	20	7.5	21	YES	30
7 / 9A	.6	58	34.8	19	7.5	21	YES	30
8 / 9A	.6	58	34.8	20	7.5	21	YES	30
9 / 9A	.6	58	34.8	20	7.5	21	YES	30
10 / 9A	.6	58	34.8	19	7.5	21	YES	30
11 / 9A	.6	58	34.8	19	7.5	21	YES	30
12 / 9A	.6	58	34.8	19	7.5	21	YES	30
13 / 9A	.6	58	34.8	19	7.5	21	YES	30
14 / 9A	.6	58	34.8	19	7.5	21	YES	30
15 / 9A	.6	58	34.8	19	7.5	21	YES	30
16 / 9A	.6	58	34.8	19	7.5	21	YES	30
17 / 9A	.6	58	34.8	19	7.5	21	YES	30
18 / 9A	.6	58	34.8	19	7.5	21	YES	30
19 / 9A	.6	58	34.8	19	7.5	21	YES	30
20 / 9A	.6	58	34.8	18	7.5	21	YES	30
21 / 9A	.6	58	34.8	19	7.5	21	YES	30
22 / 9A	.6	58	34.8	19	7.5	21	YES	30
23 / 9A	.6	58	34.8	19	7.5	21	YES	30
24 / 9A	.6	58	34.8	18	7.5	21	YES	30
25 / 9A	.6	58	34.8	18	7.5	21	YES	30
26 / 9A	.6	58	34.8	18	7.5	21	YES	30
27 / 9A	.6	58	34.8	18	7.5	21	YES	30
28 / 9A	.6	58	37.8	18	7.5	21	YES	30
29 / 9A	.6	58	34.8	18	7.5	21	YES	30
30 / 9A	.6	58	34.8	18	7.5	21	YES	30
31 / 9A	.6	58	34.8	18	7.5	21	YES	30

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