

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

County: DOUGLAS

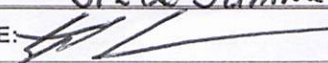
System Name: ON THE RIVER GOLF & RESORT ID #41: 94929 WTP-: _____ Month/Year: 2/2025

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						
30						
31						

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Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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>	DATE: <u>3/6/2025</u>
		SIGNATURE: 	CERT #: <u>N/A</u>
		PHONE #: <u>(541) 1679-3505</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.
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OHA - Drinking Water Program – Surface Water Quality Data Form

System Name: ON THE RIVER GOLF + RV ID #41: 94929 WTP-: Month/Year: 2/2025

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]
1/9A	.6	58	34.8	17	7.5	29	YES	30
2/9A	.6	58	34.8	17	7.5	29	YES	30
3/9A	.6	58	34.8	17	7.5	29	YES	30
4/9A	.6	58	34.8	17	7.5	29	YES	30
5/9A	.6	58	34.8	17	7.5	29	YES	30
6/9A	.6	58	34.8	17	7.5	29	YES	30
7/9A	.6	58	34.8	17	7.5	29	YES	30
8/9A	.6	58	34.8	17	7.5	29	YES	30
9/9A	.6	58	34.8	17	7.5	29	YES	30
10/9A	.6	58	34.8	17	7.5	29	YES	30
11/9A	.6	58	34.8	17	7.5	29	YES	30
12/9A	.6	58	34.8	17	7.5	29	YES	30
13/9A	.6	58	34.8	17	7.5	29	YES	30
14/9A	.6	58	34.8	17	7.5	29	YES	30
15/9A	.6	58	34.8	17	7.5	29	YES	30
16/9A	.6	58	34.8	17	7.5	29	YES	30
17/9A	.6	58	34.8	17	7.5	29	YES	30
18/9A	.6	58	34.8	17	7.5	29	YES	30
19/9A	.6	58	34.8	17	7.5	29	YES	30
20/9A	.6	58	34.8	17	7.5	29	YES	30
21/9A	.6	58	34.8	17	7.5	29	YES	30
22/9A	.6	58	34.8	17	7.5	29	YES	30
23/9A	.6	58	34.8	17	7.5	29	YES	30
24/9A	.6	58	34.8	17	7.5	29	YES	30
25/9A	.6	58	34.8	17	7.5	29	YES	30
26/9A	.6	58	34.8	17	7.5	29	YES	30
27/9A	.6	58	34.8	17	7.5	29	YES	30
28/9A	.6	58	34.8	17	7.5	29	YES	30
29/								
30/								
31/								

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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