

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

County: DOUGLAS

System Name: ON THE RIVER GOLF & RV RESORT ID #41: 9499 WTP-: _____ Month/Year: 5/2025

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]	Certification Drinking Water Services
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	

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Cartridge Filtration 95% of daily turbidity readings ≤ 1 NTU? <u>Yes / No</u> All daily turbidity readings ≤ 5 NTU? <u>Yes / No</u>		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes / No</u> All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes / No</u>	
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>6/9/2025</u>	
		PHONE #: <u>(541) 679-3505</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: 5/2025

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	18	7.5	21	YES	30
2/9A	.6	58	34.8	18	7.5	21	YES	30
3/9A	.6	58	34.8	18	7.5	21	YES	30
4/9A	.6	58	34.8	18	7.5	21	YES	30
5/9A	.6	58	34.8	19	7.5	21	YES	30
6/9A	.6	58	34.8	18	7.5	21	YES	30
7/9A	.6	58	34.8	19	7.5	21	YES	30
8/9A	.6	58	34.8	19	7.5	21	YES	30
9/9A	.6	58	34.8	19	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	20	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	20	7.5	21	YES	30
21/9A	.6	58	34.8	20	7.5	21	YES	30
22/9A	.6	58	34.8	20	7.5	21	YES	30
23/9A	.6	58	34.8	20	7.5	21	YES	30
24/9A	.6	58	34.8	20	7.5	21	YES	30
25/9A	.6	58	34.8	20	7.5	21	YES	30
26/9A	.6	58	34.8	20	7.5	21	YES	30
27/9A	.6	58	34.8	20	7.5	21	YES	30
28/9A	.6	58	34.8	20	7.5	21	YES	30
29/9A	.6	58	34.8	20	7.5	21	YES	30
30/9A	.6	58	34.8	20	7.5	21	YES	30
31/9A	.6	58	34.8	20	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

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