

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: 1/2026

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

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Cartridge Drinking Water Services

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	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 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>	DATE: <u>2/3/2026</u>
		SIGNATURE: 	
		PHONE #: <u>(541) 1679-3505</u>	CERT #: <u>N/A</u>

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: 1/2026

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	Certification Drinking Water Services
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use tables	Yes / No	[GPM]	
1/19A	.6	58	34.8	17	7.5	29	YES	30	
2/19A	.6	58	34.8	17	7.5	29	YES	30	
3/19A	.6	58	34.8	17	7.5	29	YES	30	
4/19A	.6	58	34.8	17	7.5	29	YES	30	
5/19A	.6	58	34.8	17	7.5	29	YES	30	
6/19A	.6	58	34.8	17	7.5	29	YES	30	
7/19A	.6	58	34.8	17	7.5	29	YES	30	
8/19A	.6	58	34.8	17	7.5	29	YES	30	
9/19A	.6	58	34.8	17	7.5	29	YES	30	
10/19A	.6	58	34.8	17	7.5	29	YES	30	
11/19A	.6	58	34.8	17	7.5	29	YES	30	
12/19A	.6	58	34.8	17	7.5	29	YES	30	
13/19A	.6	58	34.8	17	7.5	29	YES	30	
14/19A	.6	58	34.8	17	7.5	29	YES	30	
15/19A	.6	58	34.8	17	7.5	29	YES	30	
16/19A	.6	58	34.8	17	7.5	29	YES	30	
17/19A	.6	58	34.8	17	7.5	29	YES	30	
18/19A	.6	58	34.8	17	7.5	29	YES	30	
19/19A	.6	58	34.8	17	7.5	29	YES	30	
20/19A	.6	58	34.8	17	7.5	29	YES	30	
21/19A	.6	58	34.8	17	7.5	29	YES	30	
22/19A	.6	58	34.8	17	7.5	29	YES	30	
23/19A	.6	58	34.8	17	7.5	29	YES	30	
24/19A	.6	58	34.8	17	7.5	29	YES	30	
25/19A	.6	58	34.8	17	7.5	29	YES	30	
26/19A	.6	58	34.8	17	7.5	29	YES	30	
27/19A	.6	58	34.8	17	7.5	29	YES	30	
28/19A	.6	58	34.8	17	7.5	29	YES	30	
29/19A	.6	58	34.8	17	7.5	29	YES	30	
30/19A	.6	58	34.8	17	7.5	29	YES	30	
31/19A	.6	58	34.8	17	7.5	29	YES	30	

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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