

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: 2/2026

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	58	54	4	20	.039	.039
2	58	54	4	20	.039	.039
3	58	54	4	20	.039	.039
4	58	54	4	20	.039	.039
5	58	54	4	20	.039	.039
6	58	54	4	20	.039	.039
7	58	54	4	20	.039	.039
8	58	54	4	20	.039	.039
9	58	54	4	20	.039	.039
10	58	54	4	20	.039	.039
11	58	54	4	20	.039	.039
12	58	54	4	20	.039	.039
13	58	54	4	20	.039	.039
14	58	54	4	20	.039	.039
15	58	54	4	20	.039	.039
16	58	54	4	20	.039	.039
17	58	54	4	20	.039	.039
18	58	54	4	20	.039	.039
19	58	54	4	20	.039	.039
20	58	54	4	20	.039	.039
21	58	54	4	20	.039	.039
22	58	54	4	20	.039	.039
23	58	54	4	20	.039	.039
24	58	54	4	20	.039	.039
25	58	54	4	20	.039	.039
26	58	54	4	20	.039	.039
27	58	54	4	20	.039	.039
28	58	54	4	20	.039	.039
29						
30						
31						

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Certification Drinking Water Services

Cartridge Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <u>Yes / No</u> All daily turbidity readings ≤ 5 NTU? <u>Yes / No</u>		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>3/8/2026</u>
		PHONE #: <u>(541) 679-3505</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: 2/2026

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
	[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 /								

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