

OHA - Drinking Water Services - Surface Water Reporting Form (report monthly)

County: Tillamook

[Cartridge Filtration w/ UV Giardia/Crypto and CL<sub>2</sub> Viral Disinfection]

Month/Year: Jan 10

System Name: Trask River RV Park

PWS ID#: 41-

95561

WTP ID: WTP-A

Treatment: [Total treatment credit = 5.5-log Cryptosporidium, 6-log Giardia, and 4.0-log virus credit when Required CT is met.]

Cartridge: 2.0-log crypto/2.5-log giardia credit ( $\leq 65$  gpm, 30 psid max) w/HARMSCO HC/90-LT2 Cart. in Hurricane MUNI 90 MP housing

UV: 3.5-log crypto/3.5-log giardia/0-log virus credit (70 gpm max) with Viqua Pro 50 UV unit

Chlorine: 4.0-log virus credit when required CT met with sodium hypochlorite, 8 min. of contact time (T) in 100-ft of 10" dia. pipe at 50 gpm

Change cartridge filter at max PSID = 30 psi (follow manufacturer's instructions - 30 psid max)							
Day	PSI Before Filter	PSI After Filter	PSID	Daily Turbidity Reading [NTU]	Highest NTU of the day	UV indicator shows adequate dose? Yes/No	Indicate if Cartridge or UV Lamp was replaced
1	53	50	3	.1		Y	N
2	53	50	3	.1		Y	N
3	53	50	3	.1		Y	N
4	53	50	3	.1		Y	N
5	53	50	3	.1		Y	N
6	53	50	3	.1		Y	N
7	53	50	3	.1		Y	N
8	53	50	3	.1		Y	N
9	53	50	3	.1		Y	N
10	53	50	3	.1		Y	N
11	53	50	3	.1		Y	N
12	53	50	3	.1		Y	N
13	53	50	3	.1		Y	N
14	53	50	3	.1		Y	N
15	53	50	3	.1		Y	N
16	53	50	3	.1		Y	N
17	53	50	3	.1		Y	N
18	53	50	3	.1		Y	N
19	53	50	3	.1		Y	N
20	53	50	3	.1		Y	N
21	53	50	3	.1		Y	N
22	53	50	3	.1		Y	N
23	53	50	3	.1		Y	N
24	53	50	3	.1		Y	N
25	53	50	3	.1		Y	N
26	53	50	3	.1		Y	N
27	53	50	3	.1		Y	N
28	53	50	3	.1		Y	N
29	53	50	3	.1		Y	N
30	53	50	3	.1		Y	N
31	53	50	3	.1		Y	N

Cartridge & Bag Filtration (circle Yes or No)

95% of daily turbidity readings  $\leq 1$  NTU?

Yes/No

All daily turbidity readings  $\leq 5$  NTU?

Yes/No

Monthly CT Summary (circle Yes or No)

Virus CT's met everyday?

Yes/No

All Cl<sub>2</sub> residual at entry point  $\geq 0.2$  mg/l?

Yes/No

Monthly UV Summary (circle Yes or No)

Was the volume of off-spec water produced less than 5% for the month?

Yes / No

Explain if "No" =>

Notes: PSI = pounds per square inch

PSID = pounds per square inch difference (before filter - after filter)

PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.

<sup>1</sup> Includes continuous NTU data, if applicable, and only for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to maximum of continuous readings.

PRINTED NAME:

SIGNATURE:

PHONE #:

DATE:

CERT #:

OHA - Drinking Water Services - Surface Water Quality Data Reporting Form (report monthly)

System Name: Trask River RV Park ID#: 41-95561 WTP- A					Month/Year: _____		(provided Required CT Met)	
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temperature	Disinfection <i>virus</i> Log Inactivation:	4.0	Required CT Met <sup>2</sup>	Notes
					Required CT (see bottom table - value is based on temperature)	Yes / No		
	[ppm or mg/L]	[minutes]	C X T	[degrees C]	[mg-min/L]			
1	1.8	8	14.4	46	8		Y	
2	1.8	8	14.4	46	8		Y	
3	1.8	8	14.4	46	8		Y	
4	1.8	8	14.4	46	8		Y	
5	1.8	8	14.4	46	8		Y	
6	1.8	8	14.4	46	8		Y	
7	1.8	8	14.4	46	8		Y	
8	1.8	8	14.4	46	8		Y	
9	1.8	8	14.4	46	8		Y	
10	1.8	8	14.4	46	8		Y	
11	1.8	8	14.4	46	8		Y	
12	1.8	8	14.4	46	8		Y	
13	1.8	8	14.4	46	8		Y	
14	1.8	8	14.4	46	8		Y	
15	1.8	8	14.4	46	8		Y	
16	1.8	8	14.4	46	8		Y	
17	1.8	8	14.4	46	8		Y	
18	1.8	8	14.4	46	8		Y	
19	1.8	8	14.4	46	8		Y	
20	1.8	8	14.4	46	8		Y	
21	1.8	8	14.4	46	8		Y	
22	1.8	8	14.4	46	8		Y	
23	1.8	8	14.4	46	8		Y	
24	1.8	8	14.4	46	8		Y	
25	1.8	8	14.4	46	8		Y	
26	1.8	8	14.4	46	8		Y	
27	1.8	8	14.4	46	8		Y	
28	1.8	8	14.4	46	8		Y	
29	1.8	8	14.4	46	8		Y	
30	1.8	8	14.4	46	8		Y	
31	1.8	8	14.4	46	8		Y	

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or the CT not met, notify DWS within 24 hours.

Required CT for viral inactivation (for pH range of 6.0 to 9.9)					
Temp (C°)	0 - 4.9	5.0 - 9.9	10.0 - 14.9	15.0 - 19.9	20 - 24.9
Required CT	12	8	6	4	3
					≥ 25.0 C
					2

Return by 10th of following month by email, fax or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350