

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

County: Tillamook

[Cartridge Filtration w/ UV Giardia/Crypto and CL₂ Viral Disinfection]

Month/Year: May 1 - 2021

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 (≤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)				Indicate if	
Day	PSI Before Filter	PSI After Filter	PSID	Daily Turbidity Reading [NTU]	Highest NTU of the day ¹	UV indicator shows adequate dose? Yes/No	Cartridge or UV Lamp was replaced
1	51	47	4	.1	[Handwritten curve]	Y	N
2	50	48	2	.1		N	N
3	50	45	5	.1		N	N
4	50	47	3	.2		N	N
5	50	48	2	.2		N	N
6	50	49	3	.2		N	N
7	51	46	5	.2		N	N
8	54	51	3	.1		N	N
9	54	50	4	.1		N	N
10	55	51	4	.1		N	N
11	55	50	5	.1		N	N
12	55	50	5	.1		N	N
13	55	50	5	.1		N	N
14	55	50	5	.1		N	N
15	55	49	6	.1		N	N
16	55	50	5	.1		N	N
17	55	48	7	.1		N	N
18	55	50	5	.1		N	N
19	55	51	4	.1		N	N
20	55	49	6	.1		N	N
21	56	52	4	.1		N	N
22	55	51	4	.1		N	N
23	55	52	3	.1		N	N
24	55	49	6	.1		N	N
25	55	53	5	.1		N	N
26	54	47	7	.1		N	N
27	55	49	6	.1		N	N
28	55	49	6	.1		N	N
29	55	50	5	.1		N	N
30	56	49	7	.1		N	N
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Cartridge & Bag Filtration (circle Yes or No) 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly CT Summary (circle Yes or No) Virus CT's met everyday? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Monthly UV Summary (circle Yes or No) Was the volume of off-spec water produced less than 5% for the month? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Explain if "No" => Yes / 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.		PRINTED NAME: <u>Jim Williford</u> SIGNATURE: <u>[Signature]</u> DATE: <u>5-1-2021</u> PHONE #: () CERT #:	

¹ 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.

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

System Name: Trask River RV Park					Month/Year:		(provided Required CT Met)
ID#: 41 -95561		WTP- A		Disinfection <i>virus</i> Log Inactivation: 4.0			
Date / Time	Minimum Cl ₂ Residual at 1st User (C) ²	Contact Time (T)	Actual CT	Temperature	Required CT (see bottom table - value is based on temperature)	Required CT Met? ²	Notes
	[ppm or mg/L]	[minutes]	C X T	[degrees C]	[mg-min/L]	Yes / No	
1	1.8	8	14.4	44	8	Y	
2	1.8	8	14.4	44	8	Y	
3	1.8	8	14.4	44	8	Y	
4	1.8	8	14.4	44	8	Y	
5	1.8	8	14.4	44	8	Y	
6	1.8	8	14.4	44	8	Y	
7	1.8	8	14.4	44	8	Y	
8	1.8	8	14.4	44	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	48	8	Y	
12	1.8	8	14.4	49	8	Y	
13	1.8	8	14.4	44	8	Y	
14	1.8	8	14.4	44	8	Y	
15	1.8	8	14.4	44	8	Y	
16	1.8	8	14.4	44	8	Y	
17	1.8	8	14.4	44	8	Y	
18	1.8	8	14.4	44	8	Y	
19	1.8	8	14.4	44	8	Y	
20	1.8	8	14.4	45	8	Y	
21	1.8	8	14.4	44	8	Y	
22	1.8	8	14.4	44	8	Y	
23	1.8	8	14.4	44	8	Y	
24	1.8	8	14.4	46	8	Y	
25	1.8	8	14.4	45	8	Y	
26	1.8	8	14.4	44	8	Y	
27	1.8	8	14.4	44	8	Y	
28	1.8	8	14.4	44	8	Y	
29	1.8	8	14.4	44	8	Y	
30	1.8	8	14.4	44	8	Y	
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² If Cl₂ 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	≥ 25.0 C
Required CT	12	8	6	4	3	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