

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

County: Tillamook

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

Month/Year: Jun-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	55	50	5	.2	[Handwritten wavy line]	Y		Y
2	55	51	4	.1		X		Y
3	54	51	3	.1		X		Y
4	54	51	3	.1		X		Y
5	53	50	3	.1		X		Y
6	53	50	3	.1		X		Y
7	53	49	4	.1		X		Y
8	53	50	3	.1		X		Y
9	53	50	3	.1		X		Y
10	53	50	3	.1		X		Y
11	53	50	3	.1		X		Y
12	55	48	7	.2		X		Y
13	54	51	3	.2		X		Y
14	54	49	5	.2		X		Y
15	54	51	3	.1		X		Y
16	54	50	4	.1		X		Y
17	53	49	4	.2		X		Y
18	53	50	3	.2		X		Y
19	53	49	4	.2		X		Y
20	50	50	3	.1		X		Y
21	53	49	4	.1		X		Y
22	53	50	3	.2		X		Y
23	53	50	3	.1		X		Y
24	52	49	3	.1		X		Y
25	53	51	2	.1		X		Y
26	53	48	5	.1		X		Y
27	53	49	4	.1		X		Y
28	53	47	6	.1		X		Y
29	54	49	5	.1		X		Y
30	54	50	4	.1		X		Y
31						X		Y

Cartridge & Bag Filtration (circle Yes or No)		Monthly CT Summary (circle Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	Virus CT's met everyday?	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes / No
Monthly UV Summary (circle Yes or No)		Explain if "No" =>	
Was the volume of off-spec water produced less than 5% for the month?		<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Notes: PSI = pounds per square inch		PRINTED NAME: Jay Williamson	
PSID = pounds per square inch difference (before filter - after filter)		SIGNATURE: [Signature]	
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.		DATE: 6-7-2021	
		PHONE #: (503) 812-5077	
		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:		Notes
ID#: 41 -95561		WTP- A		Disinfection <i>virus</i> Log Inactivation: 4.0		(provided Required CT Met)	
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	
	[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	43	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	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	45	8	Y	
10	1.8	8	14.4	47	8	Y	
11	1.8	8	14.4	47	8	Y	
12	1.8	8	14.4	48	8	Y	
13	1.8	8	14.4	49	8	Y	
14	1.8	8	14.4	49	8	Y	
15	1.8	8	14.4	49	8	Y	
16	1.8	8	14.4	49	8	Y	
17	1.8	8	14.4	49	8	Y	
18	1.8	8	14.4	49	8	Y	
19	1.8	8	14.4	50	8	Y	
20	1.8	8	14.4	57	8	Y	
21	1.8	8	14.4	47	8	Y	
22	1.8	8	14.4	47	8	Y	
23	1.8	8	14.4	47	8	Y	
24	1.8	8	14.4	47	8	Y	
25	1.8	8	14.4	46	8	Y	
26	1.8	8	14.4	47	8	Y	
27	1.8	8	14.4	48	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							

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