

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

County: Tillamook
 Month/Year: 7-5-2021
 WTP ID: WTP-A

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

System Name: Trask River RV Park PWS ID#: 41-96681

Treatment: [Total treatment credit = 5.5-log Cryptosporidium, 8-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 Carl. in Hurricane MUNI 80 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 60 gpm.

Change cartridge filter at max PSID = <u>30 psi</u> (follow manufacturer's instructions - 30 psid max)							Indicate if Cartridge or UV Lamp was replaced
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	
1	54	56	3	1	[Handwritten wavy line]	Y	N
2	54	58	4	1		Y	N
3	54	56	2	1		Y	N
4	54	56	2	1		Y	N
5	54	56	2	1		Y	N
6	55	58	3	1		Y	N
7	55	59	4	1		Y	N
8	55	57	2	1		Y	N
9	55	58	3	1		Y	N
10	55	59	4	1		Y	N
11	55	58	3	1		Y	N
12	55	59	4	1		Y	N
13	53	59	1	1		Y	N
14	54	59	5	1		Y	N
15	54	59	5	1		Y	N
16	54	59	5	1		Y	N
17	54	59	5	1		Y	N
18	54	59	5	1		Y	N
19	54	59	5	1		Y	N
20	54	59	5	1		Y	N
21	54	59	5	1		Y	N
22	54	59	5	1		Y	N
23	54	59	5	1		Y	N
24	54	59	5	1		Y	N
25	53	59	6	1		Y	N
26	56	59	3	1		Y	N
27	56	59	3	1		Y	N
28	56	59	3	1		Y	N
29	56	57	1	1		Y	N
30	56	55	3	1		Y	N
31	56	59	3	1		Y	N

Cartridge & Bag Filtration (circle Yes or No)		Monthly CT Summary (circle Yes or No)	
85% of daily turbidity readings \leq 1 NTU? <u>(Yes) No</u>	Virus CT's met everyday? <u>(Yes) No</u>	All Cl ₂ residual at entry point \geq 0.2 mg/l? <u>(Yes) No</u>	
All daily turbidity readings \leq 5 NTU? <u>(Yes) No</u>	Explain if "No" =>		
Monthly UV Summary (circle Yes or No)		Yes / No	
Was the volume of off-spec water produced less than 5% for the month?		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: SIGNATURE: <u>[Signature]</u> DATE: <u>7-5</u> PHONE #: <u>(503) 812 5077</u> 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 ID#: 41-95681 WTP- A					Month/Year: _____		
					Disinfection <u>virus</u> 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	Notes
	[ppm or mg/L]	[minutes]	C X T	[degrees C]	[mg-min/L]	Yes / No	
1	1.8	8	14.4	44	8	Yes	
2	1.8	8	14.4	44	8	Yes	
3	1.8	8	14.4	44	8	Yes	
4	1.8	8	14.4	44	8	Yes	
5	1.8	8	14.4	44	8	Yes	
6	1.8	8	14.4	48	8	Yes	
7	1.8	8	14.4	46	8	Yes	
8	1.8	8	14.4	47	8	Yes	
9	1.8	8	14.4	44	8	Yes	
10	1.8	8	14.4	45	8	Yes	
11	1.8	8	14.4	46	8	Yes	
12	1.8	8	14.4	46	8	Yes	
13	1.8	8	14.4	46	8	Yes	
14	1.8	8	14.4	46	8	Yes	
15	1.8	8	14.4	46	8	Yes	
16	1.8	8	14.4	46	8	Yes	
17	1.8	8	14.4	48	8	Yes	
18	1.8	8	14.4	51	8	Yes	
19	1.8	8	14.4	47	8	Yes	
20	1.8	8	14.4	47	8	Yes	
21	1.8	8	14.4	47	8	Yes	
22	1.8	8	14.4	47	8	Yes	
23	1.8	8	14.4	48	8	Yes	
24	1.8	8	14.4	48	8	Yes	
25	1.8	8	14.4	48	8	Yes	
26	1.8	8	14.4	48	8	Yes	
27	1.8	8	14.4	48	8	Yes	
28	1.8	8	14.4	48	8	Yes	
29	1.8	8	14.4	48	8	Yes	
30	1.8	8	14.4	48	8	Yes	
31	1.8	8	14.4	48	8	Yes	

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 14360, Portland, OR 97293-0360