

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

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

County: **Tillamook**

Month/Year: **8-5-2021**

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 ( $\leq 65$  gpm, 30 psid max) w/HARMSCO HC/90-LT2 Carl. 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 psid		(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 <sup>1</sup>	UV indicator shows adequate dose? Yes/No	Cartridge or UV Lamp was replaced
1	55	58	3	1	[Handwritten wavy line]	Y	N
2	55	58	3	1		Y	N
3	55	58	3	1		Y	N
4	54	56	2	1		Y	N
5	54	58	4	1		Y	N
6	54	58	4	2		Y	N
7	51	54	3	1		Y	N
8	52	55	3	1		Y	N
9	53	57	4	1		Y	N
10	53	57	4	1		Y	N
11	53	56	3	1		Y	N
12	53	57	4	1		Y	N
13	53	57	4	1		Y	N
14	53	57	4	1		Y	N
15	54	57	4	1		Y	N
16	51	57	3	1		Y	N
17	54	59	5	1		Y	N
18	53	59	6	1		Y	N
19	53	58	3	1		Y	N
20	54	57	3	1		Y	N
21	54	57	3	1		Y	N
22	54	57	4	1		Y	N
23	54	58	4	1		Y	N
24	54	59	4	1		Y	N
25	54	58	4	1		Y	N
26	54	58	4	1		Y	N
27	54	59	5	1		Y	N
28	54	57	3	1		Y	N
29	54	57	3	1		Y	N
30	54	57	3	1		Y	N
31	54	58	4	1		Y	N

<b>Cartridge &amp; Bag Filtration (circle Yes or No)</b>		<b>Monthly CT Summary (circle Yes or No)</b>	
95% of daily turbidity readings $\leq 1$ NTU?	<input checked="" type="checkbox"/> Yes / No	Virus CT's met everyday?	All Cl <sub>2</sub> residual at entry point $\geq 0.2$ mg/l?
All daily turbidity readings $\leq 5$ NTU?	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No

<b>Monthly UV Summary (circle Yes or No)</b>	Explain if "No" =>
Was the volume of off-spec water produced less than 5% for the month?	<input checked="" type="checkbox"/> 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: <b>Jay Williams</b>
	SIGNATURE: <i>[Signature]</i>
	DATE: <b>8-5</b>
	PHONE #: <b>(503) 812-5077</b>
	CERT #:

<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.



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

System Name: <b>Trask River RV Park</b> ID#: <b>41-95581</b> WTP: <b>A</b>					Month/Year: <b>4.0</b>		(provided Required CT Met)
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st Ubar (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temperature	Required CT (see bottom table - value is based on temperature)	Required CT Met? <sup>2</sup>	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	46	8	Y	
7	1.8	8	14.4	46	8	Y	
8	1.8	8	14.4	47	8	Y	
9	1.8	8	14.4	47	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	47	8	Y	
13	1.8	8	14.4	47	8	Y	
14	1.8	8	14.4	47	8	Y	
15	1.8	8	14.4	47	8	Y	
16	1.8	8	14.4	47	8	Y	
17	1.8	8	14.4	47	8	Y	
18	1.8	8	14.4	47	8	Y	
19	1.8	8	14.4	47	8	Y	
20	1.8	8	14.4	47	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	48	8	Y	
26	1.8	8	14.4	48	8	Y	
27	1.8	8	14.4	48	8	Y	
28	1.8	8	14.4	48	8	Y	
29	1.8	8	14.4	49	8	Y	
30	1.8	8	14.4	49	8	Y	
31	1.8	8	14.4	49	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	≥ 25.0 C
Required CT	12	8	6	4	3	2

**Return by 10th of following month by email, fax or mail to:**  
 dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350