

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

County: Tillamook  
 Month/Year: 9-1-2021  
 WTP ID: WTP-A

[Cartridge Filtration w/ UV Giardia/Crypto and CL<sub>2</sub> Viral Disinfection]  
 System Name: Trask River RV Park PWS ID#: 41- 95561

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 Carf. 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 60 UV unit

Chlorine: 4.0-log virus credit when required CT met with sodium hypochlorite, 3 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 <sup>1</sup>	UV indicator shows adequate dose? Yes/No	Cartridge or UV Lamp was replaced
1	55	58	3	.1	[Handwritten line]	Y	N
2	55	59	4	.1		N	N
3	54	59	5	.1		Y	N
4	54	59	5	.1		Y	N
5	54	59	5	.1		Y	N
6	54	59	5	.1		Y	N
7	54	59	5	.1		Y	N
8	53	56	3	.1		Y	N
9	53	56	3	.1		Y	N
10	53	56	3	.1		Y	N
11	53	56	3	.1		Y	N
12	53	56	3	.1		Y	N
13	53	56	3	.1		Y	N
14	53	56	3	.1		Y	N
15	53	56	3	.1		Y	N
16	53	56	3	.1		Y	N
17	53	56	3	.1		Y	N
18	53	56	3	.1		Y	N
19	53	56	3	.1		Y	N
20	53	56	3	.1		Y	N
21	53	56	3	.1		Y	N
22	53	56	3	.1		Y	N
23	54	56	2	.1		Y	N
24	54	56	2	.1		Y	N
25	54	57	3	.1		Y	N
26	53	56	3	.1		Y	N
27	53	56	3	.1		Y	N
28	53	56	3	.1		Y	N
29	53	56	3	.1		Y	N
30	53	56	3	.1		Y	N
31							

<b>Cartridge &amp; Bag Filtration (circle Yes or No)</b>		<b>Monthly CT Summary (circle Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Virus CT's met everyday? <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> 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?  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>Sean Williamson</u> SIGNATURE: <u>[Signature]</u> DATE: <u>9-6-2021</u> PHONE #: <u>(503) 822-5077</u> GERT #:
--	---

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:		Disinfection <i>virus</i> Log Inactivation: 4.0 (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	Required CT (see bottom table - value is based on temperature)	Required CT Met? <sup>2</sup>	
	[ppm or mg/L]	[minutes]	C X T	[degrees C]	[mg-min/L]	Yes / No	
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	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	43	8	Y	
10	1.8	8	14.4	43	8	Y	
11	1.8	8	14.4	44	8	Y	
12	1.8	8	14.4	44	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	44	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	44	8	Y	
25	1.8	8	14.4	44	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	
31	1.8	8	14.4	44	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; 971-673-0894; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350