

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

County: Tillamook

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

Month/Year: 10-1-2021

System Name: Trask River RV Park

PWS ID#: 41-

95661

WTP ID:

WTP-A

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 Cart. 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 50 gpm.

Change cartridge filter at max PSID = 30 psi (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	53	50	3	.2	[Large handwritten bracket spanning all rows]	YES	N	
2	52	57	1	.2		Yes	N	
3	54	50	3	.2		Y	N	
4	53	50	3	.1		X	N	
5	53	50	3	.1				
6	53	50	3	.1				
7	55	54	1	.1				
8	54	52	2	.1				
9	54	53	1	.1				
10	53	51	2	.1				
11	54	52	2	.1				
12	55	51	4	.1				
13	55	50	5	.1				
14	53	51	2	.1				
15	53	51	3	.1				
16	53	51	3	.1				
17	54	52	2	.1				
18	54	52	2	.1				
19	51	51	0	.1				
20	51	50	1	.1				
21	52	52	1	.1				
22	54	52	2	.1				
23	54	52	2	.1				
24	53	51	2	.1				
25	54	50	4	.1				
26	53	51	2	.1				
27	54	50	4	.1				
28	53	50	3	.1				
29	53	50	3	.1				
30	53	50	3	.1				
31	55	50	5	.1				

Cartridge & Bag Filtration (circle Yes or No) 95% of daily turbidity readings ≤ 1 NTU? <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 CT Summary (circle Yes or No) Virus CT's met everyday? <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
Monthly UV Summary (circle Yes or No) Was the volume of off-spec water produced less than 5% for the month? <input type="radio"/> Yes / <input type="radio"/> No		Explain if "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>Jan Williams</u> SIGNATURE: <u>[Signature]</u> DATE: <u>11-10-2021</u> PHONE #: <u>(503) 844-2507</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#: 41-85661 WTP- A					Month/Year:		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	46	8	Yes	
2	1.8	8	14.4	46	8	Yes	
3	1.8	8	14.4	46	8	Yes	
4	1.8	8	14.4	46	8	Yes	
5	1.8	8	14.4	47	8	Yes	
6	1.8	8	14.4	48	8	Yes	
7	1.8	8	14.4	44	8	Yes	
8	1.8	8	14.4	47	8	Yes	
9	1.8	8	14.4	47	8	Yes	
10	1.8	8	14.4	49	8	Yes	
11	1.8	8	14.4	47	8	Yes	
12	1.8	8	14.4	47	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	46	8	Yes	
18	1.8	8	14.4	46	8	Yes	
19	1.8	8	14.4	46	8	Yes	
20	1.8	8	14.4	47	8	Yes	
21	1.8	8	14.4	48	8	Yes	
22	1.8	8	14.4	48	8	Yes	
23	1.8	8	14.4	49	8	Yes	
24	1.8	8	14.4	47	8	Yes	
25	1.8	8	14.4	46	8	Yes	
26	1.8	8	14.4	46	8	Yes	
27	1.8	8	14.4	46	8	Yes	
28	1.8	8	14.4	48	8	Yes	
29	1.8	8	14.4	47	8	Yes	
30	1.8	8	14.4	46	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 8.9)						
Temp (C°)	0 - 4.9	5.0 - 8.8	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

