

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

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

County: Tillamook

Month/Year: 11-10-2021

System Name: Trask River RV Park

PWS ID#: 41- 95561

WTP ID: WTP-A

Treatment: [Total treatment credit = 5.6-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 Car. 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 ¹		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 ¹	UV Indicator shows adequate dose? Yes/No	Cartridge or UV Lamp was replaced
1	54	51	3	1		Y	
2	54	52	2	1		Y	
3	54	52	2	1		Y	
4	54	51	3	1		Y	
5	54	51	3	1		Y	
6	56	53	3	1		Y	
7	55	52	3	1		Y	
8	54	51	3	1		Y	
9	54	51	3	1		Y	
10	54	51	3	1		Y	
11	54	51	3	1		Y	
12	52	50	2	1		Y	
13	53	51	2	1		Y	
14	53	50	3	1		Y	
15	53	50	3	1		Y	
16	53	49	4	1		Y	
17	53	50	3	1		Y	
18	53	50	3	1		Y	
19	52	49	3	1		Y	
20	52	49	3	1		Y	
21	53	50	3	1		Y	
22	53	50	3	1		Y	
23	53	50	3	1		Y	
24	57	49	2	1		Y	
25	57	49	2	1		Y	
26	53	50	3	1		Y	
27	53	50	3	1		Y	
28	53	50	3	1		Y	
29	53	51	2	1		Y	
30	52	49	3	1		Y	
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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 / No	Virus CT's met everyday? <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	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: Jay Williams	DATE: 11-10-2021
		SIGNATURE: [Signature]	CERT #:
		PHONE #: (503) 812-5077	

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#: 41-86561	WTP- A	Month/Year: 11-10-2021	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	Notes		
	[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	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	44	8	Yes			
7	1.8	8	14.4	44	8	Yes			
8	1.8	8	14.4	44	8	Yes			
9	1.8	8	14.4	43	8	Yes			
10	1.8	8	14.4	43	8	Yes			
11	1.8	8	14.4	44	8	Yes			
12	1.8	8	14.4	44	8	Yes			
13	1.8	8	14.4	44	8	Yes			
14	1.8	8	14.4	44	8	Yes			
15	1.8	8	14.4	44	8	Yes			
16	1.8	8	14.4	44	8	Yes			
17	1.8	8	14.4	44	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	42	8	Yes			
21	1.8	8	14.4	43	8	Yes			
22	1.8	8	14.4	44	8	Yes			
23	1.8	8	14.4	44	8	Yes			
24	1.8	8	14.4	44	8	Yes			
25	1.8	8	14.4	44	8	Yes			
26	1.8	8	14.4	44	8	Yes			
27	1.8	8	14.4	44	8	Yes			
28	1.8	8	14.4	44	8	Yes			
29	1.8	8	14.4	44	8	Yes			
30	1.8	8	14.4	44	8	Yes			
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.dmca@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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