

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

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

County: Tillamook

Month/Year: 12-22

System Name: Trask River RV Park

PWS ID#: 41- 95581

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 (≤ 65 gpm, 30 psid max) w/HARMSCO HC30-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 Vique 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 * <u>30 psid</u> (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	51	49	2	.1	[Handwritten squiggle]	Y	N
2	51	49	2	.1		N	
3	51	49	2	.1		N	
4	57	49	8	.1		N	
5	51	49	2	.1		N	
6	51	49	2	.1		N	
7	51	49	2	.1		N	
8	51	49	2	.1		N	
9	57	49	8	.1		N	
10	51	49	2	.1		N	
11	51	49	2	.1		N	
12	51	49	2	.1		N	
13	51	49	2	.1		N	
14	54	49	5	.1		N	
15	51	49	2	.1		N	
16	51	49	2	.1		N	
17	51	49	2	.1		N	
18	57	49	8	.1		N	
19	51	49	2	.1		N	
20	51	49	2	.1		N	
21	51	49	2	.1		N	
22	51	49	2	.1		N	
23	51	49	2	.1		N	
24	51	49	2	.1		N	
25	51	49	2	.1		N	
26	51	49	2	.1		N	
27	51	49	2	.1		N	
28	57	49	8	.1		N	
29	51	49	2	.1		N	
30	51	49	2	.1		N	
31	51	49	2	.1		N	

Cartridge & Bag Filtration (circle Yes or No). 95% of daily turbidity readings ≤ 1 NTU? <u>Yes/No</u> All daily turbidity readings ≤ 5 NTU? <u>Yes/No</u>		Monthly CT Summary (circle Yes or No) Virus CT's met everyday? <u>Yes/No</u> All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes/No</u>	
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Monthly UV Summary (circle Yes or No) Was the volume of off-spec water produced less than 5% for the month? <u>Yes/No</u>	Explain if "No" =>
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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>Day Williams</u> SIGNATURE: <u>[Signature]</u> PHONE #: ()	DATE: <u>12-7</u> CERT #:
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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#: 41-95561	WTP- A	Month/Year: 1-7-22	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]	CXT	[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	Y			
4	1.8	8	14.4	44	8	Y			
5	1.8	8	14.4	43	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	44	8	Y			
10	1.8	8	14.4	44	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	43	8	Y			
21	1.8	8	14.4	43	8	Y			
22	1.8	8	14.4	43	8	Y			
23	1.8	8	14.4	43	8	Y			
24	1.8	8	14.4	43	8	Y			
25	1.8	8	14.4	43	8	Y			
26	1.8	8	14.4	43	8	Y			
27	1.8	8	14.4	43	8	Y			
28	1.8	8	14.4	43	8	Y			
29	1.8	8	14.4	43	8	Y			
30	1.8	8	14.4	43	8	Y			
31	1.8	8	14.4	43	8	Y			

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 8.0 to 9.9)						
Temp (C°)	0 - 4.9	5.0 - 9.9	10.0 - 14.9	15.0 - 19.9	20 - 24.9	≥ 26.0 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