

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

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

County: Tillamook

Month/Year: 4-10-2022

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 (≤ 65 gpm, 30 psid max) w/HARMSCO HC/90-LT2 Car. 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.

Day	Change cartridge filter at max PSID = 30 psi (follow manufacturer's instructions - 30 psid max)		PSID	Daily Turbidity Reading [NTU]	Highest NTU of the day ¹	UV indicator shows adequate dose? Yes/No	Indicate if Cartridge or UV Lamp was replaced
	PSI Before Filter	PSI After Filter					
1	48	45	.3	.2		yes	NO
2	48	45	.3	.2		yes	NO
3	47	43	.4	.2		yes	NO
4	49	46	.3	.2		yes	NO
5	49	47	.2	.2		yes	NO
6	49	48	.1	.2		yes	NO
7	48	44	.4	.2		yes	NO
8	48	46	.2	.1		yes	NO
9	48	46	.2	.2		yes	NO
10	48	46	.2	.2		yes	NO
11	48	46	.2	.2		yes	NO
12	48	46	.2	.2		yes	NO
13	48	46	.2	.2		yes	NO
14	48	46	.2	.2		yes	NO
15	48	45	.3	.2		yes	NO
16	49	46	.2	.2		yes	NO
17	48	45	.3	.2		yes	NO
18	48	46	.2	.2		yes	NO
19	48	45	.3	.2		yes	NO
20	47	45	.2	.2		yes	NO
21	47	45	.2	.2		yes	NO
22	47	45	.2	.2		yes	NO
23	48	45	.3	.2		yes	NO
24	48	45	.3	.2		yes	NO
25	48	45	.3	.2		yes	NO
26	47	46	.1	.2		yes	NO
27	47	46	.1	.2		yes	NO
28	47	46	.1	.2		yes	NO
29	55	54	.1	.2		yes	yes
30	56	54	.2	.2		yes	NO
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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 / <input type="radio"/> No	Virus CT's met everyday?	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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		PRINTED NAME: Jay Williamson	
PSID = pounds per square inch difference (before filter - after filter)		SIGNATURE: <i>Jay Williamson</i>	
PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.		DATE: 4-10-2022	
		PHONE #: (503) 812-5077	
		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					Month/Year: 4-10-2022		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	47	8	yes		
2	1.8	8	14.4	47	8	yes		
3	1.8	8	14.4	47	8	yes		
4	1.8	8	14.4	47	8	yes		
5	1.8	8	14.4	47	8	yes		
6	1.8	8	14.4	47	8	yes		
7	1.8	8	14.4	47	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	47	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	47	8	yes		
14	1.8	8	14.4	47	8	yes		
15	1.8	8	14.4	47	8	yes		
16	1.8	8	14.4	47	8	yes		
17	1.8	8	14.4	48	8	yes		
18	1.8	8	14.4	48	8	yes		
19	1.8	8	14.4	48	8	yes		
20	1.8	8	14.4	48	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	48	8	yes		
24	1.8	8	14.4	48	8	yes		
25	1.8	8	14.4	48	8	yes		
26	1.8	8	14.4	48	8	yes		
27	1.8	8	14.4	48	8	yes		
28	1.8	8	14.4	48	8	yes		
29	1.8	8	14.4	48	8	yes		
30	1.8	8	14.4	48	8	yes		
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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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350