

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

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

County: Tillamook

Month/Year: 5-10-2022

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 HC90-LT2 Cartr. in Hurricane MUH1 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.

| 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 | 55 | 53 | .2 | .2 | | yes | NO |
| 2 | 56 | 53 | .3 | .2 | | yes | NO |
| 3 | 56 | 53 | .3 | .2 | | yes | NO |
| 4 | 56 | 53 | .3 | .2 | | yes | NO |
| 5 | 55 | 53 | .2 | .2 | | yes | NO |
| 6 | 56 | 51 | .5 | .2 | | yes | NO |
| 7 | 56 | 52 | .4 | .2 | | yes | NO |
| 8 | 56 | 53 | .3 | .2 | | yes | NO |
| 9 | 55 | 53 | .2 | .1 | | yes | NO |
| 10 | 55 | 53 | .2 | .1 | | yes | NO |
| 11 | 54 | 51 | .3 | .1 | | yes | NO |
| 12 | 54 | 52 | .2 | .2 | | yes | NO |
| 13 | 54 | 52 | .2 | .2 | | yes | NO |
| 14 | 55 | 51 | .4 | .1 | | yes | NO |
| 15 | 55 | 51 | .4 | .2 | | yes | NO |
| 16 | 55 | 52 | .3 | .2 | | yes | NO |
| 17 | 55 | 51 | .4 | .2 | | yes | NO |
| 18 | 55 | 52 | .3 | .2 | | yes | NO |
| 19 | 56 | 51 | .5 | .2 | | yes | NO |
| 20 | 55 | 52 | .3 | .2 | | yes | NO |
| 21 | 55 | 52 | .3 | .2 | | yes | NO |
| 22 | 53 | 49 | .4 | .2 | | yes | NO |
| 23 | 53 | 49 | .4 | .2 | | yes | NO |
| 24 | 53 | 50 | .3 | .2 | | yes | NO |
| 25 | 53 | 50 | .3 | .2 | | yes | NO |
| 26 | 53 | 50 | .3 | .2 | | yes | NO |
| 27 | 53 | 50 | .3 | .2 | | yes | NO |
| 28 | 54 | 51 | .3 | .2 | | yes | NO |
| 29 | 54 | 49 | .5 | .2 | | yes | NO |
| 30 | 54 | 51 | .3 | .2 | | yes | NO |
| 31 | 54 | 50 | .4 | .2 | | yes | NO |

| | | | |
|------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------|---------------------------------------------------------|
| Cartridge & Bag Filtration (circle Yes or No) | | Monthly CT Summary (circle Yes or No) | |
| 95% of daily turbidity readings ≤ 1 NTU? | Yes / No | Virus CT's met everyday? | All Cl ₂ residual at entry point ≥ 0.2 mg/l? |
| All daily turbidity readings ≤ 5 NTU? | Yes / No | Yes / No | Yes / 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: [Signature] | DATE: 5-10-2022 |
| PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID. | | PHONE #: 503 842-5077 | 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: 5-10-2022 | | ID#: 41-96561 | | WTP- A | | 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 | 48 | 8 | yes | | | | | | | | |
| 15 | 1.8 | 8 | 14.4 | 48 | 8 | yes | | | | | | | | |
| 16 | 1.8 | 8 | 14.4 | 48 | 8 | yes | | | | | | | | |
| 17 | 1.8 | 8 | 14.4 | 48 | 8 | yes | | | | | | | | |
| 18 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 19 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 20 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 21 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 22 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 23 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 24 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 25 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 26 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 27 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 28 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 29 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 30 | 1.8 | 8 | 14.4 | 47 | 8 | yes | | | | | | | | |
| 31 | 1.8 | 8 | 14.4 | 47 | 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 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