

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

County: Tillamook

[Cartridge Filtration w/ UV Giardia/Crypto and CL<sub>2</sub> Viral Disinfection]

Month/Year: 7-2022

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 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	PSI Before Filter	PSI After Filter	PSID	Daily Turbidity Reading [NTU]	Highest NTU of the day <sup>1</sup>	UV indicator shows adequate dose? Yes/No	Indicate if Cartridge or UV Lamp was replaced
1	55	58	3	1	[Handwritten graph showing a wavy line fluctuating between 1 and 3 NTU]	Y	N
2	55	58	3	1		Y	NO
3	55	58	3	1		Y	NO
4	55	58	3	1		Y	NO
5	55	58	3	1		Y	NO
6	55	58	3	1		Y	NO
7	55	58	3	1		Y	NO
8	56	60	4	1		Y	NO
9	56	60	4	1		Y	NO
10	56	60	4	1		Y	NO
11	55	59	4	1		Y	NO
12	55	58	3	1		Y	NO
13	55	58	3	1		Y	NO
14	56	60	4	1		Y	NO
15	56	60	4	1		Y	NO
16	56	60	4	1		X	50
17	56	59	3	1		Y	NO
18	56	54	2	1		Y	NO
19	55	59	4	1		Y	NO
20	55	59	4	1		Y	NO
21	55	54	1	1		Y	NO
22	55	59	4	1		Y	NO
23	56	59	3	1		Y	NO
24	56	59	3	1		Y	NO
25	56	59	3	1		Y	NO
26	56	59	3	1		Y	NO
27	56	59	3	1		Y	NO
28	56	59	3	1		Y	NO
29	56	59	3	1		Y	NO
30	56	59	3	1		Y	NO
31	56	59	3	1		Y	NO

<b>Cartridge &amp; Bag Filtration (circle Yes or No)</b> 95% of daily turbidity readings ≤ 1 NTU? <u>Yes</u> / No All daily turbidity readings ≤ 5 NTU? <u>Yes</u> / No		<b>Monthly CT Summary (circle Yes or No)</b> Virus CT's met everyday? <u>Yes</u> / No All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	
<b>Monthly UV Summary (circle Yes or No)</b> Is the volume of off-spec water produced less than 5% for the month? <u>Yes</u> / No		Explain if "No" => Yes / No	
PSI = pounds per square inch pounds per square inch difference (before filter - after filter) When to Change Filter = look in manual for manufacturer's specifications, change the filter, at what PSID.		PRINTED NAME: <u>SM Williams</u> SIGNATURE: <u>[Signature]</u> DATE: <u>7-1-2022</u> PHONE #: <u>(503) 812-5077</u> CERT #:	

Indicates 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. Page 1 of 2

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

System Name: <u>Trask River RV Park</u> ID#: <u>41-95561</u> WTP: <u>A</u>				Month/Year: <u>7-1-2022</u>		Disinfection v/US Log Inactivation: <u>4.0</u> (provided Required CT Met)		Notes
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>2</sup>	Contact Time (T)	Actual CT	Temperature	Required CT (see bottom table - value is based on temperature)	Required CT Met? <sup>2</sup>	Notes	
	[ppm or mg/L]	[minutes]	C X T	[degrees C]	[mg-min/L]	Yes / No		
1	1.8	8	14.4	49	14.4	Y		
2	1.8	8	14.4	48	14.4	Y		
3	1.8	8	14.4	48	14.4	Y		
4	1.8	8	14.4	49	14.4	Y		
5	1.8	8	14.4	48	14.4	Y		
6	1.8	8	14.4	48	14.4	Y		
7	1.8	8	14.4	48	14.4	Y		
8	1.8	8	14.4	48	14.4	Y		
9	1.8	8	14.4	48	14.4	Y		
10	1.8	8	14.4	48	14.4	Y		
11	1.8	8	14.4	48	14.4	Y		
12	1.8	8	14.4	48	14.4	Y		
13	1.8	8	14.4	48	14.4	Y		
14	1.8	8	14.4	48	14.4	Y		
15	1.8	8	14.4	48	14.4	Y		
16	1.8	8	14.4	48	14.4	Y		
17	1.8	8	14.4	48	14.4	Y		
18	1.8	8	14.4	48	14.4	Y		
19	1.8	8	14.4	48	14.4	Y		
20	1.8	8	14.4	48	14.4	Y		
21	1.8	8	14.4	48	14.4	Y		
22	1.8	8	14.4	46	14.4	Y		
23	1.8	8	14.4	46	14.4	Y		
24	1.8	8	14.4	46	14.4	Y		
25	1.8	8	14.4	46	14.4	Y		
26	1.8	8	14.4	46	14.4	Y		
27	1.8	8	14.4	48	14.4	Y		
28	1.8	8	14.4	46	14.4	Y		
29	1.8	8	14.4	48	14.4	Y		
30	1.8	8	14.4	48	14.4	Y		
31	1.8	8	14.4	48	14.4	Y		

<sup>2</sup> If Cl<sub>2</sub> 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