

OHA - Drinking Water Services - Surface Water Reporting Form (report monthly)  
 [Cartridge Filtration w/ UV Giardia/Crypto and Cl<sub>2</sub> Viral Disinfection]

County: Tillamook  
 Month/Year: 8/5/2022  
 WTP ID: WTP-A

System Name: Trask River RV Park PWS ID#: 41- 95561

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 Cart. in Hurricane MUMI 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	58	56	2	.1		Yes	NO
2	58	56	2	.1		Yes	NO
3	58	56	2	.1		Yes	NO
4	58	56	2	.1		Yes	NO
5	58	56	2	.1		Yes	NO
6	58	56	2	.1		Yes	NO
7	58	56	2	.1		Yes	NO
8	58	56	2	.1		Yes	NO
9	58	56	2	.1		Yes	NO
10	58	56	2	.1		Yes	NO
11	58	56	2	.1		Yes	NO
12	58	56	2	.1		Yes	NO
13	58	56	2	.1		Yes	NO
14	58	56	2	.1		Yes	NO
15	58	56	2	.1		Yes	NO
16	58	56	2	.1		Yes	NO
17	58	56	2	.1		Yes	NO
18	58	56	2	.1		Yes	NO
19	58	56	2	.1		Yes	NO
20	58	56	2	.1		Yes	NO
21	58	56	2	.1		Yes	NO
22	58	56	2	.1		Yes	NO
23	58	56	2	.1		Yes	NO
24	58	56	2	.1		Yes	NO
25	58	56	2	.1		Yes	NO
26	58	56	2	.1		Yes	NO
27	58	56	2	.1		Yes	NO
28	58	56	2	.1		Yes	NO
29	58	56	2	.1		Yes	NO
30	58	56	2	.1		Yes	NO
31	58	56	2	.1		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 <sub>2</sub> 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  
 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 Williamson	DATE: 8/5/2022
SIGNATURE: [Signature]	CERT #:
PHONE #: (503) 812-5077	

<sup>1</sup> 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: 8/5/2022		
ID#: 41-95561		WTP- A		Disinfection <i>virus</i> Log Inactivation: 4.0 (provided Required CT Met)			
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	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	47	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	

<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