

OHA - Drinking Water Services - Surface Water Reporting Form (report monthly)
 [Cartridge Filtration w/ UV Giardia/Crypto and CL₂ Viral Disinfection]

System Name: Trask River RV Park

PWS ID#: 41- 95561

County: Tillamook
 Month/Year: 10-1-2022
 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

Change cartridge filter at max PSID = 30 psi (follow manufacturer's instructions - 30 psid max)

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	Indicate if Cartridge or UV Lamp was replaced
1	55	55	0	.1		Yes	No
2	60	55	5	.1		Yes	NO
3	60	55	5	.1		Yes	NO
4	60	55	5	.1		Yes	NO
5	60	55	5	.1		Yes	NO
6	60	55	5	.1		Yes	NO
7	60	55	5	.1		Yes	NO
8	60	55	5	.1		Yes	NO
9	60	55	5	.1		Yes	NO
10	60	55	5	.1		Yes	NO
11	60	55	5	.1		Yes	NO
12	60	58	2	.1		Yes	NO
13	60	57	3	.1		Yes	NO
14	60	55	5	.1		Yes	NO
15	60	55	5	.1		Yes	NO
16	60	55	5	.1		Yes	NO
17	60	55	5	.1		Yes	NO
18	60	53	5	.1		Yes	NO
19	60	55	5	.1		Yes	NO
20	60	55	5	.1		Yes	NO
21	60	55	5	.1		Yes	NO
22	60	55	5	.1		Yes	NO
23	60	52	5	.1		Yes	NO
24	60	55	5	.1		Yes	NO
25	60	56	4	.1		Yes	NO
26	60	57	3	.1		Yes	NO
27	60	55	5	.1		Yes	NO
28	60	55	5	.1		Yes	NO
29	60	55	5	.1		Yes	NO
30	60	55	5	.1		Yes	NO
31	60	55	5	.1		Yes	NO

Cartridge & Bag Filtration (circle Yes or No)

95% of daily turbidity readings ≤ 1 NTU? Yes / No

All daily turbidity readings ≤ 5 NTU? Yes / No

Monthly CT Summary (circle Yes or No)

Virus CT's met everyday? Yes / No

All Cl₂ residual at entry point ≥ 0.2 mg/l? Yes / No

Monthly UV Summary (circle Yes or No)

Was the volume of off-spec water produced less than 5% for the month? Yes / No

Explain if "No" => 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 Williams

SIGNATURE: [Signature] DATE: 10-1-2022

PHONE #: () 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: 10-1-2023		
ID#: 41-95661		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	43	8	yes	
2	1.8	8	14.4	43	8	yes	
3	1.8	8	14.4	43	8	yes	
4	1.8	8	14.4	43	8	yes	
5	1.8	8	14.4	43	8	yes	
6	1.8	8	14.4	43	8	yes	
7	1.8	8	14.4	43	8	yes	
8	1.8	8	14.4	43	8	yes	
9	1.8	8	14.4	43	8	yes	
10	1.8	8	14.4	43	8	yes	
11	1.8	8	14.4	43	8	yes	
12	1.8	8	14.4	43	8	yes	
13	1.8	8	14.4	43	8	yes	
14	1.8	8	14.4	43	8	yes	
15	1.8	8	14.4	43	8	yes	
16	1.8	8	14.4	43	8	yes	
17	1.8	8	14.4	43	8	yes	
18	1.8	8	14.4	43	8	yes	
19	1.8	8	14.4	43	8	yes	
20	1.8	8	14.4	43	8	yes	
21	1.8	8	14.4	43	8	yes	
22	1.8	8	14.4	43	8	yes	
23	1.8	8	14.4	43	8	yes	
24	1.8	8	14.4	43	8	yes	
25	1.8	8	14.4	43	8	yes	
26	1.8	8	14.4	43	8	yes	
27	1.8	8	14.4	43	8	yes	
28	1.8	8	14.4	43	8	yes	
29	1.8	8	14.4	43	8	yes	
30	1.8	8	14.4	43	8	yes	
31	1.8	8	14.4	43	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