

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: 11-2-2022

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 Cart. 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	62	59	2	·		Yes	Yes
2	60	57	3	·		Yes	No
3	60	57	3	·		Yes	No
4	64	57	7	·		Yes	No
5	63	58	5	·		Yes	No
6	63	58	5	·		Yes	No
7	63	58	5	·		Yes	No
8	63	58	5	·		Yes	No
9	63	58	5	·		Yes	No
10	63	58	5	·		Yes	No
11	63	58	5	·		Yes	No
12	63	58	5	·		Yes	No
13	63	58	5	·		Yes	No
14	63	58	5	·		Yes	No
15	63	58	5	·		Yes	No
16	63	58	5	·		Yes	No
17	63	58	5	·		Yes	No
18	63	58	5	·		Yes	No
19	63	58	5	·		Yes	No
20	63	58	5	·		Yes	No
21	63	58	5	·		Yes	No
22	63	58	5	·		Yes	No
23	63	58	5	·		Yes	No
24	63	58	5	·		Yes	No
25	63	58	5	·		Yes	No
26	63	58	5	·		Yes	No
27	63	58	5	·		Yes	No
28	63	58	5	·		Yes	No
29	63	58	5	·		Yes	No
30	63	58	5	·		Yes	No
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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?

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:

DATE: 11-2-2022

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: 11-2-2023		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	Ys		
2	1.8	8	14.4	43	8	Ys		
3	1.8	8	14.4	43	8	Xs		
4	1.8	8	14.4	43	8	Ys		
5	1.8	8	14.4	43	8	Ys		
6	1.8	8	14.4	43	8	Ys		
7	1.8	8	14.4	43	8	Ys		
8	1.8	8	14.4	43	8	Ys		
9	1.8	8	14.4	43	8	Ys		
10	1.8	8	14.4	43	8	Ys		
11	1.8	8	14.4	43	8	Ys		
12	1.8	8	14.4	43	8	Ys		
13	1.8	8	14.4	43	8	Ys		
14	1.8	8	14.4	43	8	Ys		
15	1.8	8	14.4	43	8	Ys		
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19	1.8	8	14.4	43	8	Ys		
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25	1.8	8	14.4	43	8	Ys		
26	1.8	8	14.4	43	8	Ys		
27	1.8	8	14.4	43	8	Ys		
28	1.8	8	14.4	43	8	Ys		
29	1.8	8	14.4	43	8	Ys		
30	1.8	8	14.4	43	8	Ys		
31								

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