

OHA - Drinking Water Services – Turbidity Monitoring Report Form County:
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: GATEWAY CITY OF ID #: 06317 WTP: A Month/Year: SEPT. 2022

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1				0.03			0.03
2	0.03						0.03
3				0.03			0.03
4				0.03			PLANT OFF
5							0.03
6	0.03						0.03
7				0.03			0.03
8	0.03						0.03
9				0.03			0.03
10				0.03			0.03
11	0.03						0.03
12	0.03 0.03			0.03			0.03
13							PLANT OFF
14				0.03			0.03
15							PLANT OFF
16				0.03			0.03 0.03 G
17							0.03 PLANT OFF
18				0.03			0.03
19	0.03						0.03
20				0.03			0.03
21							PLANT OFF
22				0.03			0.03
23	0.03						0.03
24				0.03			0.03
25							PLANT OFF
26				0.03			0.03
27				0.03			0.03
28	0.03						0.03
29				0.03			0.03
30							PLANT OFF
31							

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary	Monthly Summary (Answer Yes or No)	
	95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No
Notes: <u>THE COMPUTER CRASHED ON 9-30-22 AND HAD TO ENTER DATA BY HAND - SORRY FOR THE GOOFS!</u>	PRINTED NAME: <u>GREGORY R BENTHIN</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>10-5-2022</u>
	PHONE #: <u>(503) 892-2669</u>	CERT #: <u>52441</u>

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services – Surface Water Quality Data Form

System Name: Gates, City of

ID #: 4100317 WTP-: A

Month/Year: 9-2022

2 AM
11:5 PM
2:15 PM
4:02 AM
10:45 AM

10 PM

11:5 PM

1:00 PM
12:30 AM
1:00 PM

4:50 PM
12:15 AM
11:5 PM

2:20 PM
2:00 PM
12:30 AM
3:50 PM

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 / 1:45 PM	0.91	120	109	22.7	8.28	16	Yes	210
2 / 1:00 PM	1.24	120	148	5.0	8.29	46	Yes	210
3 / 2:00 PM	1.45	120	174	21.8	8.38	18	Yes	210
4 / off	 	 	 	 	 	 	 	off
5 / 1:00 PM	0.93	120	111	17.5	8.28	22	Yes	210
6 / 1:20 AM	1.33	120	159	5.0	8.17	46	Yes	210
7 / 2:30 PM	1.13	120	135	22.1	8.21	17	Yes	210
8 / 2:00 PM	0.87	120	104	5.0	8.07	42	Yes	210
9 /	0.76	120	91	22.1	8.26	16	Yes	210
10 /	1.71	120	205	17.1	8.20	24	Yes	210
11 /	1.45	120	174	5.0	8.14	47	Yes	210
12 /	0.98	120	117	20.4	8.34	16	Yes	210
13 / off	1.01	120	121	19	 	 	 	off
14 /	1.01	120	121	19	8.43	16	Yes	210
15 / off	 	 	 	 	 	 	 	off
16 /	1.05	120	126	19.9	8.53	16	Yes	210
17 / off	 	 	 	 	 	 	 	off
18 /	1.04	120	124	17.9	8.45	22	Yes	210
19 /	1.15	120	138	5.0	8.77	45	Yes	210
20 /	0.93	120	111	19.8	8.34	16	Yes	210
21 / off	0	 	 	 	 	 	 	off
22 /	0.91	120	109	19.5	8.51	21	Yes	210
23 /	0.87	120	104	5.0	8.21	42	Yes	210
24 /	0.83	120	99	17.8	8.26	21	Yes	210
25 / off	0.00	120	120	21.2	8.21	 	 	off
26 /	1.00	120	120	21.2	8.21	16	Yes	210
27 /	0.90	120	108	20.4	8.38	16	Yes	210
28 /	0.93	120	111	5.0	8.29	43	Yes	210
29 /	0.98	120	117	19.1	8.16	16	Yes	210
30 / off	 	 	 	 	 	 	 	off
31 /								

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours. Revised September 2016
Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf

Return by 10th of following month by email, fax, or mail to:
dlwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350