

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Oct-23

System Name:	City of Gold Hill		ID#: 41-00333				WTP : TP -	WTP-A
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	0.03	---	---	0.03	
2	0.03	0.03	---	---	0.03	0.02	0.03	
3	0.03	---	0.03	---	0.02	---	0.03	
4	---	0.03	0.03	---	---	0.03	0.03	
5	---	---	0.03	---	0.02	---	0.03	
6	---	---	0.03	---	0.02	---	0.03	
7	0.03	---	0.02	---	---	---	0.03	
8	---	---	0.03	0.02	0.02	---	0.03	
9	---	---	0.03	0.03	---	---	0.03	
10	---	---	---	---	---	---	0.00	
11	---	---	---	---	---	0.03	0.03	
12	0.03	---	0.03	0.03	0.03	0.03	0.03	
13	0.03	---	---	0.03	0.03	0.03	0.03	
14	---	---	---	---	---	---	0.00	
15	---	---	---	---	0.03	0.03	0.03	
16	---	0.03	0.03	---	---	---	0.03	
17	---	---	0.03	0.02	0.02	0.02	0.03	
18	0.02	---	0.02	---	---	---	0.02	
19	---	---	0.03	0.02	0.02	---	0.03	
20	---	0.03	0.02	0.02	0.03	---	0.03	
21	---	---	0.02	---	---	---	0.02	
22	---	---	---	---	---	---	0.00	
23	0.02	0.02	0.02	---	---	---	0.02	
24	---	---	---	---	0.04	0.02	0.04	
25	0.02	0.02	0.02	---	---	---	0.02	
26	0.02	---	0.02	---	---	---	0.02	
27	0.02	---	0.02	---	---	0.02	0.02	
28	---	---	---	---	---	---	0.00	
29	---	---	0.02	0.02	0.02	0.02	0.02	
30	---	---	---	---	0.02	0.02	0.02	
31	---	---	---	---	---	---	0.00	

Conventional or Direct Filtration

95% of 4-hour turbidity readings \leq 0.3 NTU?

Yes / No

All 4-hour turbidity readings \leq 1 NTU?

Yes / No

All turbidity readings < IFE² triggers

Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

Yes / No

All Cl₂ residual at entry point
 \geq 0.2 mg/l?

Yes / No

Notes: A tracer study was done on the 13th of October all CT calculation until after the study are done using the older formula that includes the reservoir, additional piping and contact time that is part of the system prior to the actual first user. We are requesting permission to do the study over at an additional location.

PRINTED NAME: Michael Bollweg

SIGNATURE: Michael Bollweg

DATE: 11.10.23

PHONE #: (541) 415-1117

CERT #: 5296

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Gold Hill				ID#: 41-00333	Month/Year: Oct-23	WTP - : Disinfection <i>Giardia</i> Log Inactive:	WTP-A 1
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Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	1.72	965	1660	13.4	8.0	48	YES	400
2	1.58	940	1485	12.7	7.9	47	YES	411
3	1.41	937	1322	12.5	8.1	51	YES	412
4	1.25	978	1222	13.4	7.9	43	YES	395
5	1.26	988	1244	13.5	8.1	47	YES	391
6	1.24	949	1177	13.7	8.0	44	YES	407
7	1.62	961	1556	14.2	7.9	43	YES	402
8	1.25	944	1180	13.9	7.9	42	YES	409
9	1.40	990	1386	14.0	8.0	44	YES	390
10								Off
11	1.43	980	1402	14.4	7.5	36	YES	394
12	1.47	803	1180	11.3	8.4	61	YES	481
13	1.43	805	1150	10.8	8.1	57	YES	480
14								Off
15	1.25	37	47	12.4	7.9	46	YES	446
16	1.87	53	99	12.4	8.1	54	YES	469
17	1.62	50	81	11.1	7.9	53	YES	428
18	1.98	61	120	11.6	7.8	51	YES	434
19	1.50	42	64	11.4	8.1	55	YES	470
20	1.62	51	83	11.3	8.2	58	YES	420
21	1.61	55	88	11.8	7.9	50	YES	391
22								Off
23	1.29	42	54	10.7	7.8	50	YES	411
24	1.27	43	54	12.1	8.0	49	YES	394
25	1.44	46	66	9.0	7.9	60	YES	415
26	1.55	55	86	10.1	8.0	58	YES	371
27	1.74	60	104	9.1	8.1	66	YES	385
28								Off
29	1.89	59	112	7.2	8.1	76	YES	424
30	1.94	66	128	8.0	8.2	76	YES	390
31								Off

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

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
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