## **OHA - Drinking Water Services - Turbidity Monitoring Report Form Conventional or Direct Filtration**

County: Month/Year:

Jackson Dec-23

System Name:		City of Gold Hill	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 <sup>1</sup> [NTU	
1			0.01	0.01			0.01	
2				0.01	0.02	0.05	0.05	
3							0.00	
4			0.04	0.02	0.12	0.06	0.12	
5							0.00	
6					0.03	0.03	0.03	
7							0.00	
8			0.01	0.12			0.12	
9							0.00	
10							0.00	
11				0.08	0.04	0.03	0.08	
12	0.02		0.04	0.02	0.02	0.02	0.04	
13	0.03			0.02	0.04		0.04	
14			0.04	0.11			0.11	
15			0.07	0.03	0.18		0.18	
16							0.00	
17					0.02	0.02	0.02	
18		0.02	0.02		0.05	0.02	0.05	
19							0.00	
20			0.02	0.02	0.02		0.02	
21			0.03	0.02	0.02	0.02	0.03	
22							0.00	
23	~~~		0.02				0.02	
24			0.02			0.03	0.03	
25	0.07		0.02	0.04		***	0.07	
26				0.03	0.11		0.11	
27				0.02	0.02	0.04	0.04	
28			0.02	0.02			0.02	
29				0.02	0.06	0.02	0.06	
30							0.00	
31							0.00	
	Convent	ional or Direct Fi	Itration		Monthly Sumn	nary (Answer Yes or No)		
95% o	f 4-hour turbidity	y readings ≤ 0.3 N	TU?	CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?		

(see back) ≥ 0.2 mg/l? All 4-hour turbidity readings ≤ 1 NTU? Yes / No (Yes) No Yes / No

Yes / No

All turbidity readings < IFE<sup>2</sup> triggers Notes: Variable Contact Time is based on "effective volumes" provided by Adkins

Engineering in Tracer Study

13281 (gal) / peak flow rate \* lowest cl2 residual.

Eg: 13,281(gal) / 480 gpm \* 1.5 mg/L

PRINTED NAME: Michael Bollweg

SIGNATURE: Michael Bollweg PHONE #: ( 541 ) 415-1117

DATE: 1 15 24

CERT #: 5296

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

System Name:	City of Gold Hill		ID#: 41-00333		Month/Year:	Dec-23	Disinfection <i>Giardia</i> Log Inactive:	1
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	(1)	Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1	1.69	50	84	9.0	7.9	61	YES	449
2								
3	1.70	50	85	9.0	8.0	64	YES	453
4	1.71	49	83	10.2	7.6	51	YES	468
5								
6	2.23	68	152	10.5	7.8	56	YES	434
7								
8	1.52	50	76	10.3	7.7	51	YES	403
9								
10								
11	1.94	61	119	9.0	8.0	66	YES	421
12	1.81	50	91	9.7	7.9	59	YES	478
13	2.47	68	169	10.0	7.8	61	YES	480
14	1.51	46	69	9.2	7.8	57	YES	436
15	1.56	48	75	8.1	7.8	62	YES	432
16								
17	1.89	63	119	8.3	7.9	66	YES	397
18	1.62	46	75	7.8	7.8	64	YES	464
19								
20	1.64	49	80	8.8	7.8	60	YES	446
					1			

OHA - Drinking Water Program - Surface Water Quality Data Form

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

54

54

68

58

54

68

56

61

94

98

136

103

98

144

104

131

21

22

24

25

26

27

28

29

30 31 1.75

1.80

2.00

1.78

1.80

2.12

1.87

2.14

Revised July 2018

WTP -:

WTP-A

8.8

9.4

8.4

8.2

8.5

9.2

9.9

9.5

7.8

8.0

7.8

7.8

7.7

8.0

7.9

8.0

60

63

64

63

60

66

59

65

YES

YES

YES

YES

YES

YES

YES

YES

431

441

392

409

441

414

445

463