

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson  
 Month/Year: May-24

Conventional or Direct Filtration

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 <sup>1</sup> [NTU]
1	---	---	0.02	---	0.02	0.02	0.02
2	---	---	---	---	---	---	0.00
3	---	---	0.02	0.02	0.02	0.02	0.02
4	---	---	---	---	---	---	0.00
5	---	---	---	---	---	---	0.00
6	---	---	---	---	0.02	0.02	0.02
7	0.02	0.02	0.04	0.09	---	0.02	0.09
8	0.02	0.02	0.04	0.06	0.02	0.02	0.06
9	---	---	---	---	---	---	0.00
10	---	---	0.04	0.03	0.11	0.02	0.11
11	0.02	0.02	0.02	0.06	0.10	0.02	0.10
12	0.02	---	0.03	0.02	0.02	0.03	0.03
13	---	---	0.02	0.03	0.05	0.02	0.05
14	---	0.02	0.00	---	---	0.02	0.02
15	0.02	---	0.02	0.02	---	0.02	0.02
16	---	---	0.02	---	0.02	0.02	0.02
17	---	---	0.02	0.02	---	0.02	0.02
18	---	---	---	---	---	---	0.00
19	---	---	0.08	0.03	0.03	0.02	0.08
20	0.02	0.02	0.03	0.02	0.02	0.02	0.03
21	0.02	0.02	---	0.03	0.02	0.02	0.03
22	---	---	---	---	---	---	0.00
23	---	---	---	0.03	0.03	0.02	0.03
24	0.02	0.02	0.02	0.02	---	0.02	0.02
25	---	0.02	0.02	0.02	---	0.02	0.02
26	0.02	---	---	---	0.02	0.02	0.02
27	0.02	0.02	---	0.02	0.02	0.02	0.02
28	0.02	---	0.02	---	0.02	0.02	0.02
29	---	---	---	---	---	---	0.00
30	---	---	0.04	0.02	0.02	0.02	0.04
31	0.02	0.02	0.02	0.02	0.02	0.02	0.02

Max  
0.11

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes: Variable Contact Time is based on "effective volumes" based on the tracer study parameters reflected on page 6 of the report  
 12752 (gal) / peak flow rate \* lowest cl2 residual.  
 Eg: 12,752(gal) / 480 gpm \* 1.5 mg/L

PRINTED NAME: Michael Bollweg  
 SIGNATURE: *Michael Bollweg* DATE: 6/10/24  
 PHONE #: (541) 415-1117 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 Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Gold Hill						WTP - : WTP-A	
ID#: 41-00333		Month/Year: Mar-24		Disinfection <i>Giardia</i> Log Inactive:		1	

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.80	59	106	11.0	8.0	56	YES	389
2								Off
3	1.69	51	87	12.1	8.1	54	YES	419
4								Off
5								Off
6	2.00	65	131	12.4	7.8	49	YES	390
7	1.85	51	94	11.4	7.7	50	YES	466
8	1.66	50	82	10.6	7.7	51	YES	427
9								Off
10	1.57	49	76	13.6	7.8	43	YES	412
11	2.00	60	120	12.3	7.8	49	YES	424
12	1.59	50	79	13.1	7.8	44	YES	408
13	1.83	58	106	13.5	7.9	46	YES	404
14	1.45	47	68	13.8	7.7	40	YES	396
15	1.71	53	90	13.0	7.7	44	YES	413
16	1.78	56	100	13.9	7.7	41	YES	405
17	1.77	54	95	14.3	7.8	42	YES	420
18								Off
19	1.61	50	81	12.9	7.8	45	YES	407
20	1.83	55	101	12.6	7.7	45	YES	423
21	1.85	56	103	12.2	7.7	47	YES	425
22								Off
23	1.60	50	80	13.4	7.7	42	YES	410
24	1.71	51	88	13.1	7.8	45	YES	425
25	1.63	50	81	13.3	7.8	44	YES	417
26	2.10	66	140	14.7	7.7	41	YES	403
27	1.77	54	95	14.3	7.7	40	YES	420
28	1.74	53	92	15.4	7.9	40	YES	420
29								Off
30	1.71	54	92	13.8	7.8	43	YES	407
31	1.61	49	78	14.9	7.9	41	YES	423

<sup>3</sup> If Cl<sub>2</sub> 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](mailto:dwp_dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350