

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson
 Month/Year: Jul-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 ¹ [NTU]
1	0.02	---	0.02	0.01	0.04	---	0.04
2	0.01	0.01	0.01	0.05	0.01	0.02	0.05
3	0.01	0.01	0.01	0.02	0.01	0.01	0.02
4	0.01	0.01	0.01	0.03	0.01	0.02	0.03
5	0.01	0.01	0.02	0.01	---	0.02	0.02
6	0.01	0.01	0.02	---	0.02	0.02	0.02
7	---	0.01	0.01	0.01	---	0.01	0.01
8	0.01	0.02	0.01	0.01	0.01	0.01	0.02
9	0.01	0.01	0.01	0.01	0.01	0.01	0.01
10	---	---	0.01	0.02	0.01	0.01	0.02
11	0.01	---	0.01	0.01	0.01	0.01	0.01
12	0.01	---	0.01	0.01	0.04	0.01	0.04
13	0.01	---	0.01	---	0.01	0.01	0.01
14	0.02	0.01	0.01	0.01	0.02	0.02	0.02
15	0.02	---	0.01	0.01	---	0.02	0.02
16	0.01	---	---	0.01	0.02	0.01	0.02
17	0.01	---	0.02	0.07	0.01	0.02	0.07
18	0.02	0.01	0.02	0.02	0.01	0.02	0.02
19	---	0.02	0.02	0.02	0.02	0.02	0.02
20	0.02	0.02	0.02	0.02	---	0.02	0.02
21	---	---	0.02	0.02	0.02	0.02	0.02
22	0.02	---	0.02	0.02	0.02	0.02	0.02
23	---	---	0.02	0.02	0.02	0.02	0.02
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	0.02
27	0.02	0.02	0.02	0.02	0.02	0.02	0.02
28	0.02	0.02	---	0.02	0.02	0.02	0.02
29	---	---	0.06	0.02	0.02	---	0.06
30	0.02	0.02	0.02	0.02	0.02	0.06	0.06
31	---	0.02	0.02	0.02	0.02	---	0.02

Max
0.07

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 ² 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: 8/9/24
 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

WTP - : WTP-A

System Name: City of Gold Hill ID#: 41-00333 Month/Year: Jul-24 Disinfection *Giardia* Log Inactive: 1

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	1.67	51	85	16.8	8.2	41	YES	417
2	1.80	54	97	16.7	7.9	37	YES	427
3	1.77	53	94	17.6	7.9	35	YES	427
4	1.51	40	61	17.5	7.9	34	YES	479
5	1.75	47	82	17.2	7.8	34	YES	478
6	1.60	42	68	17.3	7.8	34	YES	481
7	1.57	42	66	17.2	7.8	34	YES	477
8	1.63	43	71	16.3	7.8	36	YES	479
9	1.44	39	56	16.1	7.9	37	YES	476
10	1.52	41	62	17.4	7.7	32	YES	474
11	1.55	42	65	17.2	7.9	34	YES	474
12	1.32	35	47	16.8	7.8	34	YES	475
13	1.38	37	52	17.6	7.8	32	YES	471
14	1.41	44	62	17.0	7.9	34	YES	411
15	1.54	43	66	17.3	7.9	34	YES	460
16	1.40	38	53	17.6	7.9	33	YES	473
17	1.57	43	67	16.4	7.9	37	YES	471
18	1.46	39	57	16.5	7.9	36	YES	478
19	1.61	44	70	17.3	7.9	35	YES	470
20	1.56	42	65	17.5	7.9	34	YES	475
21	1.58	43	67	18.2	0.1	1	YES	472
22	1.61	51	82	17.7	8.0	35	YES	402
23	1.54	44	67	17.8	8.0	35	YES	451
24	1.51	41	61	17.7	8.0	34	YES	473
25	1.49	42	63	18.6	8.0	32	YES	449
26	1.52	41	62	17.5	8.0	35	YES	473
27	1.51	41	62	16.9	7.9	35	YES	472
28	1.35	40	55	17.2	8.0	35	YES	426
29	1.55	42	65	17.4	8.1	37	YES	474
30	1.40	38	53	17.8	8.0	35	YES	473
31	1.60	43	69	17.9	8.0	35	YES	473

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