

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Sep-24

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	---	0.03	0.02	0.03
2	0.02	0.02	0.02	0.02	---	0.02	0.02
3	0.02	---	0.02	0.02	0.02	0.02	0.02
4	---	---	0.02	0.02	0.02	0.02	0.02
5	---	0.02	0.02	0.02	0.02	0.02	0.02
6	---	---	0.02	0.02	0.02	---	0.02
7	---	---	---	0.02	0.02	0.02	0.02
8	0.02	0.02	0.02	0.02	0.02	0.02	0.02
9	0.02	0.02	0.02	0.02	0.02	0.02	0.02
10	---	---	---	0.02	0.11	---	0.11
11	---	---	0.02	0.02	0.02	0.02	0.02
12	0.02	0.02	0.02	0.02	---	---	0.02
13	---	---	0.02	0.02	0.02	0.02	0.02
14	---	0.02	0.02	0.02	---	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	---	0.02
18	0.03	---	0.02	0.02	---	0.02	0.03
19	0.02	---	---	0.02	0.02	0.02	0.02
20	0.03	---	0.02	0.02	0.02	0.02	0.03
21	---	0.03	0.06	---	0.02	0.02	0.06
22	0.03	---	0.02	---	0.02	0.02	0.03
23	---	---	---	---	---	---	0.00
24	---	---	0.02	0.02	0.02	0.03	0.03
25	0.02	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
28	---	0.03	0.02	0.02	0.02	0.02	0.03
29	---	---	0.02	0.02	---	0.02	0.02
30	---	---	---	---	---	---	0.00

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes/No	CT's met everyday? (see back) Yes/No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No
All 4-hour turbidity readings ≤ 1 NTU? Yes/No		
All turbidity readings < IFE ² triggers Yes/No		
Notes: 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		DATE: 0.9.24
SIGNATURE: Michael Bollweg		CERT #5296
PHONE #: (41) 415-1117		

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: Sep-24	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	1.53	42.2	64.6	18.3	7.9	32.4	YES	462
2	1.55	42.4	65.7	19.9	7.9	29.2	YES	466
3	1.64	44.8	73.4	16.6	7.9	36.7	YES	467
4	1.47	39.8	58.5	17.5	8.0	34.6	YES	471
5	1.47	41.9	61.6	18.9	8.0	32.1	YES	447
6	1.46	39.6	57.8	17.0	7.9	35.1	YES	470
7	1.44	40.8	58.8	17.5	8.2	37.8	YES	450
8	1.4	39.2	54.8	17.1	8.3	40.1	YES	456
9	1.4	41.6	58.3	16.3	8.3	42.3	YES	429
10	1.42	44.5	63.2	17.2	8.2	38.5	YES	407
11	1.33	41.0	54.5	16.1	8.2	41.0	YES	414
12	1.39	41.0	57.0	16.1	8.4	44.4	YES	432
13	1.38	43.1	59.5	18.0	8.1	35.1	YES	408
14	1.27	39.3	49.9	16.2	8.1	39.0	YES	412
15	1.34	41.6	55.7	16.3	8.1	39.0	YES	411
16	1.46	40.3	58.8	15.0	8.0	41.5	YES	462
17	1.49	43.8	65.2	14.7	8.0	42.5	YES	434
18	1.46	40.5	59.1	14.9	8.0	41.8	YES	460
19	1.44	41.6	60.0	15.4	8.1	41.9	YES	441
20	1.45	39.8	57.7	15.1	7.9	39.7	YES	465
21	1.5	41.7	62.5	15.4	8.1	42.2	YES	459
22	1.47	42.3	62.2	15.4	8.2	43.6	YES	443
23								Off
24	1.43	41.6	59.5	14.7	7.9	40.7	YES	438
25	1.7	47.2	80.3	14.6	8.3	48.9	YES	459
26	1.72	46.7	80.3	15.1	8.1	44.1	YES	470
27	1.7	49.7	84.5	14.6	8.1	45.5	YES	436
28	1.63	43.3	70.6	14.6	8.1	45.1	YES	480
29	1.66	52.7	87.4	14.6	8.1	45.3	YES	402
30								Off

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

Revised November 2022

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