

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

## Conventional or Direct Filtration

Month/Year: Dec-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 <sup>1</sup> [NTU]	
1	---	---	---	---	---	---	0.00	
2	---	---	---	---	0.01	0.01	0.01	
3	---	---	---	0.01	0.01	0.01	0.01	
4	---	---	---	---	---	---	0.00	
5	---	---	---	0.02	0.01	---	0.02	
6	---	---	---	---	---	---	0.00	
7	---	---	---	---	---	---	0.00	
8	---	---	---	0.01	0.01	0.01	0.01	
9	---	---	0.01	0.01	0.01	0.01	0.01	
10	---	---	0.01	0.01	---	0.01	0.01	
11	---	---	---	---	---	---	0.00	
12	---	---	---	0.01	0.01	0.01	0.01	
13	---	---	---	---	---	---	0.00	
14	---	---	---	---	---	---	0.00	
15	---	---	0.01	---	---	---	0.01	
16	---	---	---	0.02	0.05	0.09	0.09	
17	---	0.12	---	0.02	0.21	---	0.21	
18	---	---	---	---	---	---	0.00	
19	---	---	0.04	0.20	0.10	---	0.20	
20	0.08	---	0.06	0.11	---	0.07	0.11	
21	---	---	---	---	---	---	0.00	
22	---	---	0.07	0.04	0.10	0.01	0.10	
23	---	---	0.01	---	---	0.01	0.01	
24	---	---	---	---	---	---	0.00	
25	---	---	---	---	---	---	0.00	
26	---	---	---	0.02	---	---	0.02	
27	---	---	0.16	0.06	0.13	0.21	0.21	
28	---	---	---	---	0.08	0.21	0.21	
29	---	---	---	---	---	---	0.00	
30	---	---	---	---	---	---	0.00	
31	---	---	---	0.04	---	0.10	0.10	

## 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 < IFE<sup>2</sup> triggers

Yes / No

## Monthly Summary (Answer Yes or No)

CT's met everyday?  
(see back)

Yes / No

All Cl<sub>2</sub> residual at entry point  
 $\geq$  0.2 mg/l?

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 Cl<sub>2</sub> residual.

Eg: 12,752(gal) / 480 gpm \* 1.5 mg/L

PRINTED NAME: Michael Bollweg

SIGNATURE: Michael Bollweg

DATE: 1/8/25

PHONE #: (541) 415-1117

CERT #:

<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))

# OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

WTP-A

System Name:

City of Gold Hill

ID#: 41-00333

Month/Year:

Dec-24

Disinfection *Giardia*

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								Off
2	1.86	58.6	108.9	7.4	7.8	67.4	YES	405
3	1.87	49.3	92.1	7.1	7.8	68.8	YES	484
4								Off
5	1.84	51.2	94.3	8.3	7.8	63.1	YES	458
6								Off
7								Off
8	1.95	51.8	101.0	10.0	7.8	57.0	YES	480
9	1.92	51.3	98.6	7.8	7.7	63.7	YES	477
10	1.79	50.5	90.4	6.6	7.6	65.6	YES	452
11								Off
12	1.76	47.4	83.5	8.3	7.8	62.6	YES	473
13								Off
14								Off
15	1.84	55.0	101.1	9.6	7.8	57.9	YES	427
16	1.74	46.4	80.8	8.3	7.7	60.3	YES	478
17	1.9	49.8	94.5	8.9	7.6	56.8	YES	487
18								Off
19	1.85	51.0	94.3	10.1	7.6	52.1	YES	463
20	1.78	48.1	85.6	9.7	7.7	55.1	YES	472
21								Off
22	1.92	52.2	100.2	10.5	7.7	53.0	YES	469
23	1.75	49.7	87.0	10.2	7.5	49.4	YES	449
24								Off
25								Off
26	1.65	47.9	79.1	9.8	7.4	48.4	YES	439
27	1.53	45.8	70.1	10.1	7.3	45.2	YES	426
28	1.58	53.2	84.0	11.7	7.5	43.9	YES	379
29								Off
30								Off
31	1.63	53.0	86.4	9.7	7.5	50.4	YES	392

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

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Return by 10th of following month by email, fax, or mail to:

dwp.dnce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350