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

County: Month/Year: Jackson Feb-25

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							0.00		
2							0.00		
3							0.00		
4					0.02	0.01	0.02		
5	0.06	0.06	0.02	0.12	0.02	0.02	0.12		
6	0.02	0.16	0.18		0.02		0.18		
7							0.00		
8		y		0.02	0.02	0.06	0.06		
9							0.00		
10			0.02	0.02	0.02	0.02	0.02		
11							0.00		
12				0.02	0.02	0.02	0.02		
13							0.00		
14							0.00		
15							0.00		
16			0.02	0.02	0.04		0.04		
17			0.17	0.02			0.17		
18							0.00		
19				0.02	0.17	0.02	0.17		
20							0.00		
21			0.11	0.06	0.12		0.12		
22	0.02		0.02				0.02		
23							0.00		
24							0.00		
25							0.00		
26					0.02		0.02		
27	0.21		0.23	0.02	0.22	0.02	0.23		
28							0.00		
				_					

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU?

All 4-hour turbidity readings ≤ 1 NTU?

All turbidity readings < IFE² triggers

Yes / No

Yes / No

CT's met everyday? (see back)

All Cl2 residual at entry point ≥ 0.2 mg/l?

DRIN

Yes / No

Yes/ No

Notes: Variable Contact Time is based on "effective volumes" based on the tracer study parameters reflected on page 6 of the report

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 Bollwes
PHONE #: (541) 415-1117

DATE: 3,10/2 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 I	WTP - :	WTP-A			
System Name:	City of Gold Hill	ID#: 41-00333	Month/Year:	Feb-25	Disinfection Giardia	1
					Log Inactive:	· · · · · · · · · · · · · · · · · · ·

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	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								Off
2								Off
3								Off
4	1.61	46.4	74.8	8.5	7.7	58.6	YES	442
5	1.71	46.0	78.7	5.9	7.8	73.4	YES	474
6	1.79	47.3	84.6	6.5	7.7	68.5	YES	483
7								Off
8	1.73	47.6	82.4	8.5	7.8	61.6	YES	463
9								Off
10	1.71	46.2	79.0	7.7	7.8	64.9	YES	472
11								Off
12	1.67	45.0	75.2	6.4	7.8	70.6	YES	473
13						p/		Off
14								Off
15								Off
16	1.73	47.3	81.9	6.9	8.1	76.6	YES	466
17	2.5	71.0	177.5	8.0	7.7	67.2	YES	449
18				·				Off
19	1.74	48.4	84.3	7.8	8.0	69.5	YES	458
20								Off
21	1.56	44.8	69.9	8.2	7.7	59.4	YES	444
22	1.59	43.9	69.8	8.1	7.8	62.2	YES	462
23								Off
24								Off
25								Off
26	1.59	45.5	72.3	8.5	7.9	62.8	YES	446
27	1.91	50.6	96.7	8.1	7.9	67.0	YES	481
28								Off

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

Revised November 2022