

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Aug-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	---	---	0.02	0.03	0.02	0.02	0.03	
2	0.02	---	---	0.02	0.04	---	0.04	
3	---	---	0.02	0.04	0.04	0.02	0.04	
4	---	0.02	0.06	0.02	---	0.02	0.06	
5	0.02	0.08	0.02	0.02	0.02	0.02	0.08	
6	---	---	0.02	0.02	0.03	0.04	0.04	
7	---	0.02	0.02	0.02	0.04	0.02	0.04	
8	---	0.02	0.03	0.03	0.02	0.02	0.03	
9	---	0.02	0.02	---	0.03	0.03	0.03	
10	---	0.02	0.02	0.02	---	---	0.02	
11	---	---	0.02	0.02	0.03	0.02	0.03	
12	0.02	0.02	0.02	0.03	0.02	0.02	0.03	
13	0.03	0.02	0.05	---	0.02	0.02	0.05	
14	0.08	0.02	0.03	0.02	---	0.02	0.08	
15	---	0.02	0.02	0.02	0.03	0.02	0.03	
16	---	0.02	0.02	0.02	0.02	0.02	0.02	
17	0.02	---	0.05	---	0.02	0.03	0.05	
18	0.03	0.06	0.02	---	0.02	0.03	0.06	
19	0.08	---	---	0.02	0.03	0.03	0.08	
20	---	0.11	0.02	0.02	0.02	0.05	0.11	
21	---	0.02	0.02	0.02	0.02	0.02	0.02	
22	0.03	---	---	0.02	0.02	0.03	0.03	
23	---	0.03	0.03	0.02	---	0.02	0.03	
24	---	---	0.02	0.02	0.02	0.02	0.02	
25	0.03	0.03	0.02	0.02	0.02	0.03	0.03	
26	0.03	0.03	0.03	---	0.03	0.03	0.03	
27	---	0.03	0.06	0.03	0.03	0.06	0.06	
28	0.03	0.11	0.03	---	0.03	0.07	0.11	
29	---	---	0.03	0.03	0.03	0.03	0.03	
30	0.03	---	0.03	0.03	---	0.03	0.03	
31	0.03	---	0.03	0.02	---	0.03	0.03	

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 < IFE² triggers

Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

Yes / No

All Cl₂ residual at entry point
 $\geq$ 0.2 mg/l?

Yes / 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: 9.8.25

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

System Name: City of Gold Hill				ID#: 41-00333		Month/Year: Aug-25		WTP - : WTP-A	
								Disinfection <i>Giardia</i> 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	1.75	48.9	85.6	16.9	8.1	38.6	YES	456
2	1.76	50.9	89.6	18.0	7.9	34.4	YES	441
3	1.77	49.2	87.0	18.1	7.9	33.8	YES	459
4	1.68	47.2	79.3	17.1	8.0	37.1	YES	454
5	1.63	46.1	75.1	17.1	8.0	36.8	YES	451
6	1.61	46.4	74.8	19.2	8.0	31.7	YES	442
7	1.6	44.1	70.5	19.3	8.2	34.2	YES	463
8	1.59	45.5	72.3	18.1	8.1	35.1	YES	446
9	1.41	40.1	56.6	17.2	8.0	35.7	YES	448
10	1.58	43.7	69.1	17.0	7.9	35.5	YES	461
11	1.58	44.3	70.0	18.2	8.2	36.7	YES	455
12	1.65	44.7	73.7	17.5	8.0	35.3	YES	471
13	1.6	43.4	69.5	17.9	8.1	35.7	YES	470
14	1.63	45.5	74.1	17.6	8.3	39.7	YES	457
15	1.62	47.1	76.2	16.8	8.0	37.5	YES	439
16	1.58	44.3	70.0	18.4	8.0	33.6	YES	455
17	1.56	43.6	68.1	20.0	8.0	29.9	YES	456
18	1.43	42.4	60.6	18.2	7.8	31.1	YES	430
19	1.57	45.2	71.0	17.4	8.2	38.8	YES	443
20	1.64	47.3	77.6	17.2	8.0	36.6	YES	442
21	1.69	48.3	81.7	18.0	8.1	36.4	YES	446
22	1.62	44.4	72.0	19.0	7.9	31.1	YES	465
23	1.64	47.1	77.2	18.7	8.2	35.4	YES	444
24	1.62	44.4	72.0	17.9	8.1	36.2	YES	465
25	1.66	46.0	76.4	18.6	8.2	35.5	YES	460
26	1.6	45.4	72.7	19.2	8.1	33.5	YES	449
27	1.65	47.1	77.7	20.1	8.1	31.5	YES	447
28	1.65	48.3	79.6	19.3	8.1	33.6	YES	436
29	1.57	43.9	68.9	17.6	8.5	41.9	YES	456
30	1.52	47.6	72.4	17.5	8.1	36.2	YES	407
31	1.52	42.9	65.2	18.2	8.1	34.8	YES	452

³ If Cl₂ 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.dmc@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350