

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Jan-26

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	---	---	0.06	0.04	0.04	0.04	0.06
4	---	---	---	---	---	---	0.00
5	---	---	---	---	---	---	0.00
6	---	---	0.02	0.02	0.10	---	0.10
7	---	---	---	---	---	---	0.00
8	---	---	---	---	---	---	0.00
9	---	---	0.03	---	0.05	0.05	0.05
10	---	---	---	---	---	---	0.00
11	---	---	---	---	---	---	0.00
12	---	---	---	---	---	---	0.00
13	---	---	---	---	---	---	0.00
14	---	---	---	---	0.04	0.04	0.04
15	0.06	0.04	0.12	0.04	0.06	0.04	0.12
16	---	---	---	---	---	---	0.00
17	---	---	---	---	---	---	0.00
18	---	---	---	---	---	---	0.00
19	---	---	---	---	---	---	0.00
20	---	---	---	---	0.10	0.04	0.10
21	---	---	0.03	0.04	0.03	0.04	0.04
22	0.03	0.04	0.04	0.04	0.03	---	0.04
23	---	---	---	---	---	---	0.00
24	---	---	0.03	0.04	0.03	0.03	0.04
25	---	---	---	---	---	---	0.00
26	---	---	0.03	0.04	0.06	---	0.06
27	---	---	---	---	---	---	0.00
28	---	---	---	---	---	---	0.00
29	---	---	0.06	0.03	0.04	---	0.06
30	---	---	---	---	---	---	0.00
31	---	---	0.03	0.03	0.04	---	0.04

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: 2.5.26
 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: Jan-26		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								Off
2								Off
3	1.62	43.3	70.2	10.1	8.0	58.6	YES	477
4								Off
5								Off
6	1.61	48.1	77.4	9.9	7.8	55.2	YES	427
7								Off
8								Off
9	1.72	47.9	82.4	9.1	7.9	61.2	YES	458
10								Off
11								Off
12								Off
13								Off
14	1.7	48.8	83.0	9.8	7.8	56.2	YES	444
15	1.73	45.5	78.7	8.5	7.9	63.8	YES	485
16								Off
17								Off
18								Off
19								Off
20	1.75	49.3	86.2	7.2	7.9	69.9	YES	453
21	1.72	47.6	81.8	8.6	7.9	63.3	YES	461
22	1.78	46.9	83.5	10.0	7.9	58.0	YES	484
23								Off
24	1.61	44.2	71.1	8.5	8.0	65.3	YES	465
25								Off
26	1.85	51.6	95.5	8.3	8.0	68.1	YES	457
27								Off
28								Off
29	1.92	52.1	100.0	10.8	7.9	55.8	YES	470
30								Off
31	1.83	55.6	101.7	9.7	7.8	57.4	YES	420

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