

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Feb-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 <sup>1</sup> [NTU]
1	---	---	---	---	---	---	0.00
2	---	---	---	---	---	---	0.00
3	---	---	0.03	0.03	0.04	0.04	0.04
4	---	---	---	---	---	---	0.00
5	---	---	0.03	0.05	0.05	---	0.05
6	---	---	---	---	---	---	0.00
7	---	---	0.05	0.05	0.02	0.02	0.05
8	---	---	---	---	---	---	0.00
9	---	---	---	---	---	---	0.00
10	---	---	---	---	---	---	0.00
11	---	---	0.06	0.05	0.05	0.16	0.16
12	---	---	0.08	0.04	---	0.05	0.08
13	---	---	---	---	---	---	0.00
14	---	---	---	0.05	0.03	0.03	0.05
15	---	---	---	---	---	---	0.00
16	---	---	0.04	0.03	0.03	0.03	0.04
17	---	---	---	---	---	---	0.00
18	---	---	---	---	---	---	0.00
19	---	---	---	0.22	0.05	0.13	0.22
20	---	---	---	---	---	---	0.00
21	---	---	0.14	0.14	0.05	---	0.14
22	---	---	---	---	---	---	0.00
23	---	---	---	---	0.02	0.03	0.03
24	---	---	---	---	---	---	0.00
25	---	---	---	---	---	---	0.00
26	---	---	0.03	---	0.10	0.23	0.23
27	---	---	0.06	0.08	0.06	0.04	0.08
28	0.07	---	0.19	0.04	---	---	0.19

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>Notes: Variable Contact Time is based on "effective volumes" based on the tracer study parameters reflected on page 6 of the report</b> 12752 (gal) / peak flow rate * lowest cl2 residual. Eg: 12,752(gal) / 480 gpm * 1.5 mg/L		PRINTED NAME: Michael Bollweg SIGNATURE: <i>Michael Bollweg</i> PHONE #: (541) 415-1117 DATE: 3.9.26 CERT #: 5296	

<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

<b>System Name:</b>	City of Gold Hill	ID#: 41-00333	Month/Year:	Feb-26	WTP - : Disinfection <i>Giardia</i> Log Inactive:	WTP-A 1
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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								Off
3	1.59	43.7	69.5	7.8	8.0	68.3	YES	464
4								Off
5	1.57	46.5	72.9	8.6	7.8	60.0	YES	431
6								Off
7	1.79	47.0	84.1	7.8	8.0	69.9	YES	486
8								Off
9								Off
10								Off
11	1.72	45.9	78.9	8.9	7.8	59.8	YES	478
12	1.7	48.8	83.0	9.4	7.8	57.7	YES	444
13								Off
14	1.66	50.4	83.7	9.4	7.9	59.6	YES	420
15								Off
16	1.82	56.5	102.8	8.8	8.0	65.5	YES	411
17								Off
18								Off
19	1.79	51.8	92.7	8.1	7.9	66.1	YES	441
20								Off
21	1.73	55.2	95.4	8.6	8.0	65.7	YES	400
22	1.87	68.1	127.4	12.2	8.1	54.3	YES	350
23	1.82	57.3	104.3	9.3	8.1	65.7	YES	405
24								Off
25								Off
26	1.82	50.2	91.4	11.1	7.8	51.3	YES	462
27	1.84	49.9	91.9	9.8	7.8	57.1	YES	470
28	1.62	44.1	71.5	10.5	7.9	55.0	YES	468

<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.dmce@oha.oregon.gov; 971-873-0684; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350