

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Jan-21

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	---	---	---	---	---	---	0.000
2	---	---	---	---	---	---	0.000
3	---	---	0.068	0.041	0.036	0.034	0.068
4	0.047	---	---	---	---	---	0.047
5	---	---	0.040	0.088	0.060	---	0.088
6	---	---	---	---	---	---	0.000
7	---	---	0.060	0.139	0.099	---	0.139
8	---	---	---	---	---	---	0.000
9	---	---	---	---	---	---	0.000
10	---	---	---	---	---	---	0.000
11	---	---	0.052	0.045	0.041	0.130	0.130
12	0.051	0.036	0.067	---	---	---	0.067
13	---	---	---	---	---	---	0.000
14	---	---	---	---	---	---	0.000
15	---	---	---	0.037	0.037	0.048	0.048
16	0.037	0.051	0.036	0.043	0.033	---	0.051
17	---	---	---	---	---	---	0.000
18	---	---	0.057	0.037	0.038	0.042	0.057
19	---	---	---	---	---	---	0.000
20	---	---	0.053	0.040	0.037	0.038	0.053
21	---	---	---	---	---	---	0.000
22	---	---	0.041	---	---	0.052	0.052
23	---	---	0.041	0.056	---	---	0.056
24	---	---	---	---	---	---	0.000
25	---	---	0.048	0.038	0.038	0.036	0.048
26	---	---	---	---	0.060	---	0.060
27	---	---	0.050	---	---	---	0.050
28	---	---	---	0.049	0.039	0.039	0.049
29	0.035	0.048	0.043	0.038	---	---	0.048
30	---	---	0.081	0.045	---	---	0.081
31	---	---	---	---	---	---	0.000

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / No		

Notes: C*T is based on Clearwell only, does not include reservoir C*T

PRINTED NAME: Michael Bollweg
 SIGNATURE: *Michael Bollweg*
 PHONE #: (541) 415-1117
 DATE: 2.9.21
 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

WTP - : WTP-A

System Name:	City of Gold Hill	ID#: 41-00333	Month/Year:	Jan-21	Disinfection <i>Giardia</i> Log Inactive:	1
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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								
2								
3	1.4	56	78	7.7	7.3	52	YES	484
4	1.7	57	96	8.0	7.5	57	YES	479
5	1.1	56	64	7.5	7.1	48	YES	483
6								
7	1.4	57	81	7.1	7.3	55	YES	481
8								
9								
10								
11	1.3	56	72	7.4	7.1	49	YES	486
12	1.0	55	57	7.5	6.8	42	YES	491
13								
14								
15	1.1	57	63	8.1	6.6	38	YES	481
16	1.2	56	64	8.0	6.6	39	YES	486
17								
18	1.3	56	75	7.0	7.3	54	YES	485
19								
20	1.5	56	84	5.9	7.0	54	YES	487
21								
22	1.4	56	77	6.4	6.8	48	YES	485
23	1.2	56	68	7.9	7.2	49	YES	483
24								
25	1.0	56	58	6.2	7.0	50	YES	486
26	1.6	60	94	7.7	7.0	48	YES	457
27	2.0	59	121	8.1	7.1	51	YES	460
28	1.9	57	107	5.9	7.4	65	YES	481
29	1.1	56	64	6.1	7.2	54	YES	484
30	1.5	57	86	7.6	7.3	53	YES	480
31								

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@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350