OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Jackson

Month/Year: Feb-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	---	---	0.047	0.039	0.037	0.035	0.047
3	---	---	---	---	---	---	0.000
4	---	---	---	---	---	---	0.000
5	---	---	0.060	0.035	0.081	0.036	0.081
6	0.033	---	0.039	---	---	---	0.039
7	---	---	---	---	---	---	0.000
8	---	---	0.036	0.040	0.035	0.035	0.040
9	---	---	0.050	0.036	0.035	---	0.050
10	---	---	---	---	---	---	0.000
11	---	0.049	0.035	0.036	---	---	0.049
12	---	---	0.038	0.030	0.032	---	0.038
13	---	---	---	---	---	---	0.000
14	---	---	---	---	---	---	0.000
15	---	---	---	0.255	0.049	0.133	0.255
16	---	---	---	---	---	---	0.000
17	0.078	---	0.149	0.050	0.048	---	0.149
18	---	---	---	---	---	---	0.000
19	---	---	---	---	---	0.058	0.058
20	0.043	0.048	---	0.102	---	0.048	0.102
21	---	---	---	---	---	---	0.000
22	---	---	0.051	0.055	0.047	0.041	0.055
23	---	---	---	---	---	---	0.000
24	---	---	---	0.031	0.050	0.047	0.050
25	0.050	0.038	---	---	0.060	---	0.060
26	---	---	0.039	---	---	0.060	0.060
27	---	---	---	0.036	0.048	---	0.048
28	---	0.055	---	0.085	---	---	0.085

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? **Yes / No**

All 4-hour turbidity readings ≤ 1 NTU? **Yes / No**

All turbidity readings < IFE[2] triggers **Yes / No**

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) **Yes / No**

All Cl2 residual at entry point ≥ 0.2 mg/l? **Yes / No**

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

PRINTED NAME: Michael Bollweg

SIGNATURE: Michael Bollweg **DATE:** 3/9/21

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

WTP - :	WTP-A
Disinfection *Giardia* Log Inactive:	1

System Name: City of Gold Hill **ID#:** 41-00333 **Month/Year:** Feb-21

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	1.6	56	92	7.3	7.3	55	YES	486
3								
4								
5	1.7	55	93	5.9	7.3	61	YES	493
6	1.5	57	86	6.3	7.5	63	YES	481
7								
8	1.4	56	77	5.9	7.2	57	YES	485
9	1.9	57	106	6.1	7.4	64	YES	481
10								
11	1.5	56	82	6.0	7.4	61	YES	483
12	1.5	55	83	6.4	7.2	56	YES	496
13								
14								
15	1.1	56	61	7.3	6.8	43	YES	489
16								
17	1.4	56	76	7.4	6.8	44	YES	484
18								
19	1.7	57	96	8.3	6.9	45	YES	475
20	1.1	56	59	7.4	6.8	43	YES	484
21								
22	1.0	56	57	6.9	6.8	44	YES	483
23								
24	1.2	56	66	8.5	7.0	43	YES	484
25	1.6	56	90	6.9	7.0	51	YES	486
26	1.3	58	74	7.5	6.8	44	YES	470
27	1.2	58	71	7.6	7.0	46	YES	473
28	1.2	59	73	7.4	6.8	44	YES	463

[3] If Cl_2 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