

OHA - Drinking Water Services -Turbidity Monitoring Report Form  
 Conventional or Direct Filtration

County: Jackson  
 Month/Year: Mar-21  
 WTP : TP - WTP-A

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	---	---	0.113	0.060	0.059	0.056	0.113	
2	---	---	---	---	0.054	0.039	0.054	
3	---	---	---	---	0.044	0.042	0.044	
4	---	---	0.041	0.047	---	---	0.047	
5	---	---	---	---	---	---	0.000	
6	---	---	---	---	---	---	0.000	
7	---	---	---	---	---	---	0.000	
8	---	---	0.065	0.050	0.048	0.048	0.065	
9	0.047	0.045	---	---	---	---	0.047	
10	---	---	---	---	---	---	0.000	
11	---	0.044	0.066	0.047	0.046	---	0.066	
12	---	---	0.058	0.061	0.042	0.051	0.061	
13	---	---	---	---	---	---	0.000	
14	---	---	---	---	---	---	0.000	
15	---	---	0.055	0.049	0.048	---	0.055	
16	---	---	---	0.073	0.050	---	0.073	
17	---	---	0.084	0.052	0.058	0.053	0.084	
18	---	---	---	---	---	---	0.000	
19	---	---	0.051	0.052	0.052	0.051	0.052	
20	---	---	---	---	---	---	0.000	
21	---	---	---	---	---	---	0.000	
22	---	---	---	0.134	0.065	0.116	0.134	
23	0.047	0.051	0.047	---	0.044	0.056	0.056	
24	---	---	---	---	---	---	0.000	
25	---	---	---	0.077	0.045	0.045	0.077	
26	---	---	---	0.051	---	0.040	0.051	
27	---	---	---	---	---	---	0.000	
28	---	---	---	---	---	---	0.000	
29	---	---	0.050	0.049	0.040	0.043	0.050	
30	0.051	---	---	0.037	0.037	0.039	0.051	
31	---	---	---	0.060	0.050	0.049	0.060	

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)	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		

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

PRINTED NAME: Michael Bollweg  
 SIGNATURE: *Michael Bollweg* DATE: 4.8.21  
 PHONE #: ( 541 ) 415-1117 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

WTP - :	WTP-A
Disinfection <i>Giardia</i> Log Inactive:	1

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

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.3	56	72	8	7.2	49	YES	485
2	1.2	55	65	9	7.4	48	YES	494
3	1.3	57	74	10	7.3	44	YES	478
4	1.4	57	81	9	7.5	52	YES	481
5								
6								
7								
8	1.0	57	59	8	7.0	44	YES	480
9	1.1	55	62	8	7.5	53	YES	497
10								
11	1.1	55	63	9	6.9	40	YES	491
12	1.4	57	80	10	6.8	38	YES	481
13								
14								
15	1.1	56	63	10	6.9	38	YES	484
16	1.3	57	75	9	7.7	55	YES	481
17	1.2	56	69	9	7.6	52	YES	483
18								
19	1.2	57	70	9	7.5	50	YES	481
20								
21								
22	1.2	57	67	11	7.3	41	YES	481
23	1.0	56	56	10	7.1	40	YES	482
24								
25	1.1	55	61	11	7.4	42	YES	491
26	1.4	58	78	11	7.1	39	YES	469
27								
28								
29	1.3	57	71	11	6.9	36	YES	480
30	1.7	57	96	11	7.0	39	YES	481
31	1.6	57	89	11	6.8	36	YES	479

<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@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350