OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Jackson

Month/Year: Apr-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	---	0.047	---	0.036	---	---	0.047
2	---	---	0.049	---	0.039	0.051	0.051
3	---	---	---	---	---	---	0.000
4	---	---	---	---	---	---	0.000
5	---	---	0.063	0.042	0.043	0.051	0.063
6	---	---	0.078	0.039	0.042	0.078	0.078
7	---	---	0.068	0.039	0.059	---	0.068
8	---	0.068	0.046	---	---	0.038	0.068
9	---	0.041	0.039	0.068	0.040	---	0.068
10	---	---	---	---	---	---	0.000
11	---	---	---	---	---	---	0.000
12	---	---	0.060	0.043	0.037	0.083	0.083
13	---	---	0.049	0.039	0.069	0.041	0.069
14	---	---	---	0.041	0.038	0.069	0.069
15	---	---	0.061	0.042	0.040	0.070	0.070
16	---	0.054	0.044	0.041	0.039	---	0.054
17	---	---	---	---	---	0.041	0.041
18	0.086	0.042	0.058	0.041	0.041	---	0.086
19	---	---	0.156	0.073	---	---	0.156
20	0.100	0.050	0.079	---	0.049	0.054	0.100
21	---	0.067	0.057	0.046	0.045	---	0.067
22	---	---	0.064	0.053	0.056	0.055	0.064
23	---	---	0.046	0.069	0.048	---	0.069
24	---	---	---	---	---	---	0.000
25	---	---	---	---	---	---	0.000
26	---	---	0.053	0.049	0.064	0.047	0.064
27	0.048	0.046	0.078	0.044	0.053	0.045	0.078
28	0.044	---	---	---	0.051	0.048	0.051
29	0.045	0.042	0.050	0.043	0.041	0.042	0.050
30	---	---	0.041	0.042	0.042	---	0.042

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE[2] triggers	Yes / No		

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

PRINTED NAME: Michael Bollweg

SIGNATURE: Michael Bollweg **DATE:** 5.10.21

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:** Apr-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	1.4	57	77	11.1	6.9	36	YES	481
2	1.3	57	72	11.1	6.9	36	YES	477
3								
4								
5	1.3	57	73	11.3	7.0	37	YES	478
6	1.5	56	81	11.5	6.9	36	YES	486
7	1.3	57	72	11.5	7.2	39	YES	479
8	1.4	57	80	12.2	6.9	34	YES	481
9	1.4	57	77	11.8	6.9	35	YES	481
10								
11								
12	1.6	56	87	11.4	6.9	36	YES	484
13	1.7	57	94	11.4	7.2	41	YES	481
14	1.6	57	89	12.0	7.3	40	YES	479
15	1.2	56	66	11.9	7.3	39	YES	490
16	1.2	57	68	12.2	7.2	37	YES	478
17	1.6	60	98	13.5	7.5	39	YES	451
18	1.5	57	82	13.1	6.8	30	YES	481
19	2.3	58	134	14.3	6.9	32	YES	468
20	1.4	57	82	13.4	6.9	31	YES	479
21	1.9	57	105	13.7	7.1	34	YES	480
22	2.0	57	111	14.2	7.3	36	YES	478
23	1.3	57	75	13.5	7.1	32	YES	477
24								
25								
26	1.4	55	77	12.2	6.9	34	YES	492
27	0.9	57	52	12.1	6.9	32	YES	481
28	1.5	57	84	14.2	7.3	34	YES	475
29	1.5	57	85	14.6	7.0	30	YES	481
30	1.7	58	98	15.4	7.0	29	YES	473

[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