

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

County: **Jackson**
 Month/Year: **Nov-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	---	---	0.04	---	---	---	0.04	
2	---	---	0.04	---	0.03	---	0.04	
3	---	---	0.03	0.04	---	---	0.04	
4	---	---	0.03	---	---	---	0.03	
5	---	---	0.03	0.04	---	---	0.04	
6	---	---	---	---	---	---	0.00	
7	---	---	0.06	0.04	0.04	0.03	0.06	
8	---	---	---	---	---	---	0.00	
9	---	---	0.04	0.15	---	---	0.15	
10	---	---	0.10	0.06	0.04	---	0.10	
11	---	---	0.03	0.05	0.04	---	0.05	
12	---	---	---	0.03	0.04	---	0.04	
13	---	---	---	0.04	0.03	---	0.04	
14	---	---	---	---	---	---	0.00	
15	---	---	0.04	0.04	0.03	---	0.04	
16	---	---	---	0.04	0.04	---	0.04	
17	---	---	---	---	---	---	0.00	
18	---	---	0.07	0.04	---	---	0.07	
19	---	---	---	0.04	0.03	---	0.04	
20	---	---	---	---	---	---	0.00	
21	---	---	0.01	0.01	0.01	0.02	0.02	
22	---	---	---	---	---	---	0.00	
23	---	---	---	---	---	---	0.00	
24	---	---	0.01	---	0.04	0.02	0.04	
25	---	---	---	---	---	---	0.00	
26	---	---	---	---	---	---	0.00	
27	---	---	0.03	0.02	0.05	---	0.05	
28	---	---	---	---	---	---	0.00	
29	---	0.04	0.05	0.04	0.05	0.04	0.05	
30	---	---	---	---	---	---	0.00	

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) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? 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: 12/9/21
	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

System Name: City of Gold Hill				ID#: 41-00333		Month/Year: Nov-21		WTP - :	
								WTP-A	
								Disinfection <i>Giardia</i>	1
								Log Inactive:	

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	0.92	60	55	12.5	7.1	33	YES	451
2	1.10	57	63	10.5	7.1	39	YES	476
3	1.28	58	74	11.5	6.9	35	YES	473
4	1.26	60	75	11.7	7.0	36	YES	456
5	0.77	59	46	10.3	7.0	37	YES	459
6								
7	1.05	57	60	9.3	7.0	41	YES	479
8								
9	0.73	57	41	9.0	7.0	40	YES	481
10	1.69	57	96	9.6	7.0	43	YES	479
11	1.61	57	92	10.7	7.0	39	YES	478
12	1.83	57	104	11.8	7.1	39	YES	479
13	1.71	58	99	12.0	7.0	37	YES	472
14								
15	1.44	57	82	10.8	6.9	37	YES	477
16	1.53	58	88	10.9	6.8	36	YES	471
17								
18	1.21	57	69	8.4	6.8	41	YES	479
19	1.52	57	87	9.4	6.9	41	YES	476
20								
21	1.40	55	77	8.6	6.8	41	YES	496
22								
23								
24	1.49	54	81	7.7	6.8	44	YES	501
25								
26								
27	1.42	55	77	9.0	6.7	39	YES	499
28								
29	0.91	55	50	9.9	6.6	34	YES	499
30								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

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