

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Dec-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	0.07	0.07
2	0.04	---	---	0.04	0.05	0.04	0.05
3	---	---	---	---	---	---	0.00
4	---	---	0.03	0.03	0.03	---	0.03
5	---	---	---	---	---	---	0.00
6	---	---	0.04	0.04	0.03	0.04	0.04
7	---	---	---	---	---	---	0.00
8	---	---	0.04	0.04	0.04	---	0.04
9	---	---	---	0.03	0.04	---	0.04
10	---	---	---	0.03	0.04	0.04	0.04
11	---	---	---	---	---	---	0.00
12	---	---	---	---	---	---	0.00
13	---	---	0.04	0.11	0.06	0.05	0.11
14	---	---	---	0.03	0.08	---	0.08
15	---	---	---	---	---	---	0.00
16	---	---	---	---	0.04	0.10	0.10
17	0.05	0.04	---	0.04	0.06	---	0.06
18	---	---	---	---	---	---	0.00
19	---	---	---	---	0.05	0.04	0.05
20	0.07	---	---	0.05	---	---	0.07
21	---	---	---	0.05	0.05	0.04	0.05
22	---	---	---	---	0.04	0.06	0.06
23	---	---	---	---	---	---	0.00
24	---	---	---	---	---	---	0.00
25	---	---	---	---	0.11	---	0.11
26	---	0.08	0.06	0.09	0.03	---	0.09
27	---	---	---	---	0.07	0.04	0.07
28	---	---	---	---	---	---	0.00
29	---	---	0.05	0.07	0.03	0.03	0.07
30	---	---	---	0.06	0.02	---	0.06
31	---	---	---	---	---	---	0.00

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 Cl2 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* DATE: 1.2.22
 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: Dec-21				WTP - :	WTP-A
				Disinfection <i>Giardia</i> Log Inactive:	1

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	1.29	56	72	9.8	6.8	38	YES	490
2	0.99	56	56	9.0	6.8	38	YES	483
3								
4	1.55	57	88	8.6	6.9	43	YES	481
5								
6	1.60	57	90	8.2	7.1	48	YES	481
7								
8	1.18	57	67	8.9	7.1	44	YES	477
9	1.46	57	83	8.3	7.1	47	YES	479
10	1.52	57	86	7.7	7.3	53	YES	481
11								
12								
13	0.99	56	56	7.1	6.9	45	YES	483
14	1.37	57	77	7.3	6.8	45	YES	481
15								
16	1.40	56	79	7.2	6.7	44	YES	484
17	0.91	56	51	6.8	6.9	46	YES	483
18								
19	1.50	54	82	7.6	6.8	45	YES	500
20	1.39	54	75	7.6	7.1	49	YES	502
21	1.40	55	76	6.7	7.2	54	YES	499
22	1.04	54	56	7.2	7.2	50	YES	503
23								
24								
25	1.60	56	90	8.2	7.3	52	YES	483
26	0.80	62	50	6.1	7.0	49	YES	503
27	1.42	54	76	5.4	7.1	57	YES	505
28								
29	1.09	54	59	5.7	6.3	40	YES	500
30	1.57	55	86	6.6	6.7	46	YES	497
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