

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson  
 Month/Year: Jan-22

Conventional or Direct Filtration

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

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

Notes: Contact Time (T) is based on 8' in Clearwell with a 0.3 baffling factor (8x3400x0.3) PLUS 10' (min depth) in Reservoir #3 (10x37,800 gal)  
 Sample CT: (8x3400x0.3)+(10x37800)/500 gpm  
 8160 + 378000 = 386,160 gal / 500 gpm = 772 min

PRINTED NAME: Michael Bollweg  
 SIGNATURE: *Michael Bollweg* DATE: 2.8.22  
 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

System Name:	City of Gold Hill	ID#: 41-00333	Month/Year:	Jan-22	Disinfection <i>Giardia</i> Log Inactive:	1
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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	1.93	772	1491	5.7	6.6	49	YES	500
2								
3								
4	1.44	785	1130	8.6	7.0	44	YES	492
5	1.57	768	1205	6.7	6.9	49	YES	503
6								
7	1.33	766	1019	7.7	7.0	47	YES	504
8								
9	1.05	768	806	6.3	7.1	51	YES	503
10	1.12	766	858	6.2	7.1	52	YES	504
11								
12	1.08	774	836	6.9	7.2	51	YES	499
13	1.34	771	1033	6.8	7.1	51	YES	501
14								
15								
16								
17	1.20	769	923	5.9	7.4	60	YES	502
18	1.25	768	960	5.8	7.1	54	YES	503
19	1.82	779	1417	7.1	6.9	49	YES	496
20								
21	1.09	775	845	8.4	6.7	39	YES	498
22								
23								
24	1.48	769	1138	5.7	6.7	49	YES	502
25	1.07	771	825	5.9	7.4	59	YES	501
26	1.09	768	837	5.3	7.0	53	YES	503
27	1.93	772	1491	5.2	7.1	61	YES	500
28	1.62	771	1249	5.8	7.0	55	YES	501
29								
30								
31	1.71	769	1315	6.2	7.1	56	YES	502

<sup>3</sup> If Cl<sub>2</sub> 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