

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: Feb-22

Station / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1								
2	1.19	772	919	5.3	6.2	41	YES	500
3								
4	1.51	768	1159	5.4	6.0	39	YES	503
5								
6								
7	1.56	777	1212	5.5	7.3	62	YES	497
8	1.19	772	919	5.9	6.5	43	YES	500
9								
10	1.60	771	1233	7.3	7.3	55	YES	501
11		#DIV/0!						
12	1.29	771	994	7.3	7.3	53	YES	501
13	1.03	765	788	7.3	7.3	51	YES	505
14								
15	1.28	759	971	7.1	7.1	50	YES	509
16								
17	1.04	737	766	7.4	7.4	53	YES	524
18	1.22	756	922	7.3	7.3	53	YES	511
19								
20								
21	1.22	757	924	7.3	7.3	53	YES	510
22	1.33	771	1025	7.4	7.4	55	YES	501
23								
24								
25	0.85	771	655	7.0	7.0	46	YES	501
26	1.24	771	956	7.3	7.3	53	YES	501
27								
28	1.03	769	792	7.1	7.1	49	YES	502

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