

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

County: **Jackson**  
 Month/Year: **Mar-22**

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	---	---	0.08	0.05	---	0.05	0.08
2	---	---	---	---	---	---	0.00
3	---	---	0.05	0.05	0.02	0.05	0.05
4	---	---	0.03	0.06	0.06	0.05	0.06
5	---	---	---	---	---	---	0.00
6	---	---	---	---	---	---	0.00
7	---	---	0.05	0.06	0.06	0.03	0.06
8	---	---	---	---	---	---	0.00
9	---	---	0.06	0.05	0.05	0.03	0.06
10	---	---	---	---	---	---	0.00
11	---	---	0.03	0.06	0.08	0.14	0.14
12	---	---	---	---	---	---	0.00
13	---	---	---	---	---	---	0.00
14	---	---	0.06	0.05	0.05	0.02	0.06
15	---	---	---	0.04	0.05	0.05	0.05
16	---	---	---	---	---	---	0.00
17	---	---	---	---	---	---	0.00
18	---	---	0.08	0.05	0.06	0.02	0.08
19	---	---	0.05	---	---	---	0.05
20	---	---	---	---	---	---	0.00
21	---	---	0.06	0.03	0.02	0.06	0.06
22	---	---	---	---	---	---	0.00
23	---	---	0.05	0.05	0.04	0.04	0.05
24	---	---	---	---	---	---	0.00
25	---	---	---	0.05	0.05	0.05	0.05
26	---	---	---	---	---	---	0.00
27	---	---	---	---	---	---	0.00
28	---	---	0.05	0.04	0.05	0.05	0.05
29	---	---	0.04	0.05	0.05	---	0.05
30	---	---	0.05	0.04	0.05	---	0.05
31	---	---	---	---	---	---	0.00

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> 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: <b>Michael Bollweg</b> SIGNATURE: <i>Michael Bollweg</i> PHONE #: ( 541 ) 415-1117	DATE: <b>4.8.22</b> CERT #: <b>5296</b>

<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 Eff. (333-061-0040(1)(d)(B&C))

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: Mar-22

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.02	777	793	9.0	7.3	46	YES	497
2								
3	1.16	768	891	9.3	7.3	46	YES	503
4	1.38	774	1068	7.8	7.3	52	YES	499
5								
6								
7	1.21	769	931	7.4	7.3	52	YES	502
8								
9	0.82	783	642	9.2	7.3	44	YES	493
10								
11	1.12	780	874	8.7	7.5	51	YES	495
12								
13								
14	1.01	782	790	9.0	7.2	44	YES	494
15	1.32	788	1040	10.3	7.3	44	YES	490
16								
17								
18	1.20	786	944	9.5	7.0	41	YES	491
19	0.90	785	706	10.7	7.0	36	YES	492
20								
21	1.05	782	821	8.7	7.3	47	YES	494
22								
23	1.23	785	965	11.2	7.0	37	YES	492
24								
25	1.60	785	1256	12.6	7.1	36	YES	492
26								
27								
28	0.85	779	662	11.8	7.2	36	YES	496
29	1.01	788	796	12.1	7.1	35	YES	490
30	1.29	786	1015	12.6	7.0	33	YES	491
31								

<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