

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: May-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	0.02	---	0.09	---	---	---	0.09
2	---	---	0.13	0.11	0.04	0.04	0.13
3	---	---	---	---	---	---	0.00
4	---	---	0.04	0.05	0.03	0.04	0.05
5	---	---	---	---	---	---	0.00
6	---	---	0.07	0.03	0.06	0.04	0.07
7	---	---	---	---	---	---	0.00
8	---	---	---	---	---	---	0.00
9	---	---	0.11	0.08	0.08	0.03	0.11
10	---	---	---	---	---	---	0.00
11	---	---	0.02	---	0.03	0.03	0.03
12	---	---	---	---	---	---	0.00
13	---	---	0.03	0.06	0.02	0.05	0.06
14	---	---	0.05	---	---	0.06	0.06
15	0.05	---	---	0.05	---	---	0.05
16	---	---	0.05	0.06	0.05	0.06	0.06
17	---	---	---	---	---	---	0.00
18	---	---	0.06	0.07	0.05	0.05	0.07
19	---	---	---	---	---	---	0.00
20	---	---	0.05	0.06	0.05	0.06	0.06
21	0.05	0.05	---	---	---	0.07	0.07
22	---	0.05	0.05	---	---	0.05	0.05
23	---	---	---	0.05	0.05	0.05	0.05
24	0.05	---	0.05	---	0.05	---	0.05
25	0.05	---	0.05	---	0.05	---	0.05
26	---	---	0.05	---	---	---	0.05
27	---	0.05	0.05	0.05	---	---	0.05
28	---	0.05	---	---	---	---	0.05
29	---	---	0.06	0.05	---	---	0.06
30	0.05	0.05	0.06	0.06	0.06	0.05	0.06
31	---	---	---	0.05	0.05	---	0.05

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <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: Michael Bollweg  
 SIGNATURE: *Michael Bollweg* DATE: 6.10.22  
 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:

May-22

Disinfection *Giardia*  
Log Inactive:

1

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	1.4	811	1152	13.3	7.3	36	YES	476
2	1.4	785	1115	13.5	7.2	34	YES	492
3								
4	1.5	780	1170	14.0	7.8	41	YES	495
5								
6	1.4	782	1063	13.4	7.8	42	YES	494
7								
8								
9	1.8	780	1404	10.5	7.4	47	YES	495
10								
11	1.7	783	1292	11.2	7.5	46	YES	493
12								
13	1.1	785	863	11.9	7.5	41	YES	492
14	1.1	827	910	14.2	7.5	35	YES	467
15	1.5	806	1209	15.5	7.5	34	YES	479
16	1.7	803	1397	14.4	7.4	36	YES	481
17								
18	1.9	788	1497	14.7	7.4	36	YES	490
19								
20	2.2	793	1744	13.6	7.4	40	YES	487
21	1.7	806	1371	15.0	7.2	32	YES	479
22	1.6	786	1274	14.1	7.3	35	YES	491
23	1.6	806	1290	15.2	7.4	33	YES	479
24	1.4	790	1106	15.8	7.2	29	YES	489
25	1.4	791	1108	16.4	7.4	30	YES	488
26	1.5	795	1192	15.4	7.5	34	YES	486
27	1.4	783	1097	13.5	7.2	34	YES	493
28	1.7	822	1397	14.2	7.3	35	YES	470
29	1.3	782	985	13.2	7.3	35	YES	494
30	1.4	791	1108	12.9	7.5	39	YES	488
31	1.4	791	1084	14.0	7.4	35	YES	488

<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