

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson  
 Month/Year: Jun-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	---	---	0.06	0.05	---	0.06	0.06
2	0.1	0.06	0.06	0.06	0.06	---	0.06
3	---	0.06	0.06	0.06	---	---	0.06
4	0.1	---	---	0.06	---	---	0.06
5	---	---	---	---	---	---	0.00
6	---	---	0.05	0.10	---	---	0.10
7	---	---	---	---	---	---	0.00
8	0.1	---	0.08	0.17	---	0.07	0.17
9	---	---	0.06	0.06	0.06	0.06	0.06
10	---	---	0.06	0.06	0.07	0.06	0.07
11	---	0.07	0.06	---	0.07	---	0.07
12	---	---	---	---	---	---	0.00
13	---	---	0.07	0.07	---	0.07	0.07
14	---	---	---	---	---	---	0.00
15	---	---	0.02	0.10	0.06	0.06	0.10
16	---	---	---	0.07	---	0.07	0.07
17	---	---	---	---	---	---	0.00
18	---	---	---	---	---	---	0.00
19	---	---	0.08	0.09	0.08	0.08	0.09
20	---	---	0.08	---	0.07	0.07	0.08
21	---	---	0.08	0.07	0.02	---	0.08
22	---	---	0.02	---	---	0.02	0.02
23	0.0	---	---	---	---	0.02	0.02
24	---	---	0.02	---	---	0.02	0.02
25	---	---	---	0.02	0.02	0.02	0.02
26	0.0	---	0.02	---	0.02	0.02	0.02
27	0.0	---	0.02	0.02	0.02	---	0.02
28	---	---	---	0.02	0.02	0.02	0.02
29	---	---	0.02	0.02	0.02	0.02	0.02
30	0.0	---	0.02	0.02	---	0.02	0.02

Conventional or Direct Filtration Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings $\leq$ 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 $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings $\leq$ 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: 7.10.22  
 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

System Name: City of Gold Hill				ID#: 41-00333	Month/Year: Jun-22	WTP - : Disinfection <i>Giardia</i> Log Inactive:	WTP-A 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	1.3	786	1022	15.8	7.8	36	YES	491
2	1.1	788	867	15.6	7.2	29	YES	490
3	1.3	790	1027	14.4	6.5	24	YES	489
4	1.1	798	878	15.1	7.2	29	YES	484
5								
6	1.2	786	944	16.1	7.0	26	YES	491
7								
8	0.8	785	628	13.9	7.3	32	YES	492
9	0.8	785	628	15.4	7.5	31	YES	492
10	1.6	788	1261	15.3	7.4	33	YES	490
11	1.4	786	1101	14.9	7.7	37	YES	491
12								
13	1.4	788	1103	12.9	7.4	38	YES	490
14								
15	1.5	786	1180	12.9	7.5	40	YES	491
16	1.4	785	1099	14.6	7.9	41	YES	492
17								
18								
19	1.8	785	1413	13.0	7.7	44	YES	492
20	1.6	788	1261	13.7	7.3	36	YES	490
21	1.9	780	1482	14.9	7.0	30	YES	495
22	1.7	791	1345	16.0	7.8	37	YES	488
23	1.3	788	1025	16.2	7.8	35	YES	490
24	1.6	795	1271	15.4	7.8	38	YES	486
25	1.4	793	1110	15.2	7.8	38	YES	487
26	1.5	788	1182	15.8	7.8	37	YES	490
27	1.3	788	1025	15.5	7.9	38	YES	490
28	1.0	813	813	15.8	8.2	40	YES	475
29	1.3	791	1029	14.5	8.0	42	YES	488
30	1.0	786	786	14.6	8.3	45	YES	491

<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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350