

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

County: *Jackson* ID# *9155*

Name: *Cascade Gorge Properties* ID #41: *91556* WTP-: Month/Year: *11/21*

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
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2							
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30							
31							

<p>Conventional or Direct Filtration</p> <p style="text-align: center;">Monthly Summary</p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? Yes / No All the 4-hour turbidity readings ≤ 1 NTU? Yes / No All turbidity readings < IFE² triggers? Yes / No²</p> <p>Notes: <i>Turbidity meter is shut OFF Not working Shutting water down</i></p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">CT's met everyday? (see back) Yes / No</td> <td style="width: 50%;">All Cl₂ residuals at entry point ≥ 0.2 mg/l? Yes / No</td> </tr> </table> <p>PRINTED NAME: <i>Samantha Schaafsma</i> SIGNATURE: <i>[Signature]</i> DATE: <i>11/21</i> PHONE #: <i>(541) 560-3248</i> CERT #:</p>	CT's met everyday? (see back) Yes / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? Yes / No
CT's met everyday? (see back) Yes / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? Yes / No		

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program – Surface Water Quality Data Form - Giardia Inactivation

Name:

Cascade Gorge Properties

ID #41:

91556

WTP-:

Month/Year:

11/21

Log Requirement

(Circle One): 0.5 1.

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hour Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
11/8:30	.9		31.5	12.7	6.50	19	Y	
2/	.9		31.5	13.9	6.75	12	Y	
3/	.9		28	13.7	6.61	12	Y	
4/	.9		28	12.9	6.68	12	Y	
5/	1.0		28	13.2	6.72	13	Y	
6/	.9		35	12.9	6.70	18	Y	
7/	.9		35	12.2	6.68	18	Y	
8/	.8		28	11.4	6.67	18	Y	
9/	.8		31.5	9.0	6.68	18	Y	
10/	.8		31.5	9.4	6.69	18	Y	
11/	.9		20	9.1	6.70	18	Y	
12/	.9		24.5	10.2	6.70	18	Y	
13/	.9		24.5	10.2	6.69	18	Y	
14/	1.0		28	10.4	6.68	18	Y	
15/	1.0		31.5	10.7	6.68	18	Y	
16/	1.0		31.5	10.8	6.69	18	Y	
17/	.9		21.0	11.0	6.70	18	Y	
18/	.9		21	10.4	6.60	18	Y	
19/	.9		24.5	10.7	6.64	18	Y	
20/	.8		24.5	10.2	6.64	18	Y	
21/	.8		21	9.4	6.64	18	Y	
22/	.8		31.5	9.7	6.69	18	Y	
23/	.8		28	9.7	6.69	18	Y	
24/	.8		24.5	9.5	6.65	18	Y	
25/	.7		24.5	9.9	6.59	18	Y	
26/	.7		21.0	9.4	6.69	18	Y	
27/	.5		28	9.5	6.54	18	Y	
28/	.5		31.5	9.2	6.62	18	Y	
29/	.9		28	7.8	6.52	18	Y	
30/	.9		31.5	9.2	6.62	18	Y	
31/								

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised September 2011

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

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