

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Jackson
 Month/Year: 3/2022

Cartridge or Bag Filtration

System Name: Cascade George Properties ID# 41 91556

WTP ID:

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day ¹ [NTU]
1	28	27	1	30	0.020	
2	28	27	1	}	0.020	
3	28	27	1		0.020	
4	29	27	2		0.020	
5	28	27	1		0.021	
6	29	27	2		0.020	
7	29	26	3		0.020	
8	29	26	3		0.020	
9	29	26	3		0.021	
10	30	26	4		0.021	
11	29	27	2		0.021	
12	29	27	2		0.021	
13	29	27	2		0.021	
14	28	27	1		0.020	
15	28	27	1		0.020	
16	28	27	1		0.020	
17	28	27	1		0.021	
18	28	27	1		0.021	
19	29	27	2		0.023	
20	29	27	2		0.021	
21	29	26	3		0.023	
22	29	26	3		0.021	
23	28	26	2		0.021	
24	28	26	2		0.023	
25	29	26	3		0.023	
26	29	26	3		0.023	
27	29	26	3		0.021	
28	29	26	3		0.020	
29	29	27	2		0.020	
30	29	27	2		0.020	
31	29	27	2		0.021	

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? All daily turbidity readings ≤ 5 NTU?	<u>Yes</u> / No Yes / <u>No</u>	CT's met everyday? (see back) <u>Yes</u> / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes</u> / No
Notes: PSI = pounds per square inch PSID = pounds per square inch difference (before filter – after filter) PSID When to Change Filter = Manufacturer's recommendation; may need to look in manual for manufacturer's specifications when to change the filter, at what PSID.	PRINTED NAME: <u>Samantha Schaafsma</u>		DATE: <u>4/1/22</u>
	SIGNATURE: <u>[Signature]</u>		CERT #:
	PHONE #: <u>(541) 1560 3248</u>		

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services – Surface Water Quality Data Form

3/2022

Month/Year: Jackson

System Name: Cascade Gorge Properties		ID# 41	G1556						WTP
Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]	
1/	1.2	35	35	7.5	8.13	35	Yes	4	
2/	1.1	35	35	7.6	8.13	47	Yes		
3/	1.0		31.5	8.2	8.14	47	Yes		
4/	1.0		31.5	8.4	8.14	47	Yes		
5/	.9		28	8.3	8.14	47	Yes		
6/	.9		28	8.8	8.14	47	Yes		
7/	1.0		28	8.9	8.14	47	Yes		
8/	1.1		24.5	8.2	8.15	47	Yes		
9/	1.0		35	7.2	8.13	47	Yes		
10/	1.0		35	7.4	8.12	47	Yes		
11/	1.0		35	7.5	8.12	47	Yes		
12/	1.0		31.5	7.1	8.13	47	Yes		
13/	.9		31.5	8.2	8.13	47	Yes		
14/	.9		35	7.5	8.12	47	Yes		
15/	.9		31.5	7.1	8.13	47	Yes		
16/	.8		31.5	7.0	8.14	47	Yes		
17/	.8		31.5	7.1	8.15	47	Yes		
18/	1.0		31.5	7.1	8.17	47	Yes		
19/	1.0		31.5	7.2	8.12	47	Yes		
20/	1.0		31.5	7.2	8.19	47	Yes		
21/	1.0		31.5	7.3	8.19	47	Yes		
22/	.9		31.5	7.4	8.13	47	Yes		
23/	.9		31.5	7.2	8.12	47	Yes		
24/	.9		31.5	7.4	8.15	47	Yes		
25/	1.0		35	7.4	8.14	47	Yes		
26/	1.0		35	7.1	8.14	47	Yes		
27/	1.0		35	6.3	8.14	47	Yes		
28/	2.0		37	6.4	8.12	47	Yes		
29/	2.0		37	6.4	8.13	47	Yes		
30/	2.0		37	7.4	8.10	47	Yes		
31/	2.0		35	7.1	8.12	47	Yes		

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.

Revised August 2016

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

Return by 10th of following month by email, fax or mail to:

dwp.dmce@state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350