

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Jackson

Cartridge or Bag Filtration

Month/Year: 5/22System Name: Cascade Gorge 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						
2						
3						
4						
5						
6	52	52	0	30	0.059	
7	55	53	2	30	0.046	
8	51	50	1	30	0.057	
9	51	50	1	30	0.057	
10	11	10	1	30	0.061	
11	0	0	0		0.059	
12	11	10	1		0.050	
13	0	0	0		0.050	
14	16	10	0		0.048	
15	15	15	0		0.047	
16	20	19	1		0.048	
17	20	19	1		0.036	
18	20	18	2		0.034	
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

Cartridge Filtration
Monthly Summary95% of daily turbidity readings ≤ 1 NTU?
All daily turbidity readings ≤ 5 NTU?Yes / No
Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)
Yes / NoAll Cl₂ residual at entry point ≥ 0.2 mg/l?
Yes / 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:

SIGNATURE:

DATE:

PHONE #:

CERT #:

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 Program – Surface Water Quality Data Form - Giardia Inactivation

Name: Cascade Gorge Properties ID #41: 91556 WTP: 5/22 Month/Year: 5/22 Log Requirement (Circle One): 0.5 1.0

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 Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1 /								
2 /								
3 /								
4 /								
5 / 5 pm								
6 / 5 pm	1.7		31.0	13.9	8.1	38		
7 / 2:30	1.4		30.0	12.3	8.1	38		
8 / 2:30	1.5		24.35	11.2	8.0			
9 / 2:30	1.5		24.35	11.5	8.0			
10 / 2:20	1.3			10.1	8.0			
11 / 2:30	1.0			11.9	7.8			
12 / 2:30	1.2			10.4	7.9			
13 /	1.4			13.3	7.6			
14 /	2.0			12.8	7.5			
15 /	2.1			12.9	7.4			
16 /	2.1			13.8	7.7			
17 /	2.1			17.2	7.7			
18 / 8:20 pm	2.5			15.0	8.0			
19 /								
20 /								
21 /								
22 /								
23 /								
24 /								
25 /								
26 /								
27 /								
28 /								
29 /								
30 /								
31 /								

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

Revised September 2016

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