

OHA - Drinking Water Services – Turbidity Monitoring Report Form

County: Jackson
 Month/Year: 9/22

Cartridge or Bag Filtration

System Name: Cascade George Properties # 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	45	45		30	0.037	0.037
2	45	45		30	0.036	
3	45	45		30	0.023	
4	45	45		30	0.024	
5	45	45		30	0.021	
6	45	45		30	0.021	
7	42	42		30	0.024	
8	45	45		30	0.020	
9	45	45		30	0.026	
10	45	45		30	0.021	
11	45	45			0.020	
12	45	45			0.026	
13	45	45			0.024	
14	45	45			0.022	
15	45	45			0.021	
16	45	45			0.026	
17	45	45			0.020	
18	45	45			0.023	
19	45	45			0.020	
20	45	45			0.031	
21	45	45			0.030	
22	45	45			0.029	
23	45	45			0.023	
24	45	45			0.021	
25	45	45			0.030	
26	45	45			0.029	
27	45	45			0.029	
28	45	45			0.030	
29	45	45			0.031	
30	45	45			0.030	
31						

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? Yes / No All daily turbidity readings ≤ 5 NTU? Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) Yes / No	All Cl ₂ 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: <u>Samantha Schaafshwa</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>10/1/22</u>
	PHONE #: <u>541 1560 3248</u>	CERT #: <u>4328</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

Month/Year: 9/22

System Name: Cascade Gorge Properties		ID# 41 91556		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/	2.0	207	207	27.4	7.9	17	yes	3
2/	2.0		207	28.2	8.1	20	yes	
3/	1.0		207	23.9	8.2	20	yes	
4/	1.0		207	24.6	8.0	20	yes	
5/	.8		165.6	21.2	8.1	20	yes	
6/	.8		165.6	22.4	8.0	20	yes	
7/	.8		165.6	26.3	8.2	20	yes	
8/	.8		165.6	24.3	8.1	20	yes	
9/	.8		165.6	22.3	8.0	20	yes	
10/	.8		165.6	21.9	8.1	20	yes	
11/	.5		103.5	20.2	8.2	20	yes	
12/	.5		103.5	21.4	8.3	20	yes	
13/	.5		103.5	22.3	7.8	17	yes	
14/	.5		103.5	26.1	7.8	17	yes	
15/	.5		103.5	23.3	7.6	17	yes	
16/	.3		62.1	24.2	7.2	17	yes	
17/	.3		62.1	20.2	8.1	20	yes	
18/	.3		62.1	22.3	8.2	20	yes	
19/	.3		62.1	22.1	8.2	20	yes	
20/	0.10		207	19.3	8.3	20	yes	
21/	1.0		207	20.8	7.6	17	yes	
22/	1.0		207	18.9	8.2	20	yes	
23/	1.0		207	19.8	8.3	20	yes	
24/	1.0		207	18.3	8.4	20	yes	
25/	0.09		186.3	18.6	8.4	20	yes	
26/	0.09		186.3	18.9	8.2	20	yes	
27/	0.08		165.6	17.2	8.1	20	yes	
28/	1.0		207	22.3	8.2	20	yes	
29/	1.0		207	18.3	8.4	20	yes	
30/				19.2	8.3	20	yes	
31/								

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