

OHA - Drinking Water Services - Turbidity Monitoring Report Form
 Cartridge or Bag Filtration

County: Josephine

Month/Year: MAY 2021

System Name: HELLGATE RIVER LODGE ID# 41 93512 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	44	0	44			
2	44	0	44	31	.039	1.039
3					.040	1.040
4						
5						
6						
7	33	0	33			
8	30	0	30		.042	1.042
9	24	23	1		.041	1.041
10					.040	1.040
11						
12						
13						
14	20	19	1			
15	35	0	35		.037	1.037
16	34	0	34		.039	1.039
17					.038	1.038
18						
19						
20						
21	25	21	4			
22	25	23	2		.037	1.037
23	35	0	35		1.038	1.038
24					1.038	1.038
25						
26						
27						
28	24	22	2			
29	24	22	2		.037	1.037
30	25	22	3		1.038	1.038
31	25	25	0		1.038	1.038

Cartridge Filtration Monthly Summary

95% of daily turbidity readings \leq 1 NTU? Yes No
 All daily turbidity readings \leq 5 NTU? 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.

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes No
 All Cl₂ residual at entry point \geq 0.2 mg/l? Yes No

PRINTED NAME: Jared Leard
 SIGNATURE: [Signature]
 DATE: June 10, 2021
 PHONE #: (541) 621-8478
 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:

Hellgate River Lodge 93512

ID #41:

Month/Year: MAY 2021

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]
1/1	.4	200	80	17.2	7.9	33	Y	10
2/1	.6		120	17.5	7.6	34	Y	
3/1								
4/1								
5/1								
6/1								
7/1	.4		80	17.8	7.5	28	Y	
8/1	.4		80	17.3	7.5	28	Y	
9/1	.4		80	18.4	7.5	28	Y	
10/1								
11/1								
12/1	closed							
13/1								
14/1	.4		80	19.8	7.5	28	Y	
15/1	.3		60	21.1	7.3	28	Y	
16/1	.3		60	19.7	7.4	28	Y	
17/1								
18/1	closed							
19/1								
20/1								
21/1	.3		60	16.8	7.8	33	Y	
22/1	.4		80	17.2	7.6	33	Y	
23/1	.4		80	18.4	7.4	33	Y	
24/1								
25/1								
26/1	closed							
27/1								
28/1	.3		60	19	7.5	28	Y	
29/1	.7		80	18.9	7.4	28	Y	
30/1	.4		80	19.7	7.2	28	Y	
31/1	.4		80	19.4	7.1	28	Y	

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