

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1	25	22	3	3	.039	.039
2	22	18	4		.040	.040
3	20	19	1		.043	.043
4	34	0	34		.038	.038
5	25	21	4		.038	.038
6	25	21	4		.039	.039
7	25	20	5		.039	.039
8	35	0	35		.039	.039
9	35	0	35		.039	.039
10	35	0	35		.039	.039
11	33	0	33		.040	.040
12	22	20	2		.040	.040
13	24	20	4		.039	.039
14	25	20	5		.039	.039
15	25	0	25		.040	.040
16	35	0	35		.040	.040
17	34	0	34		.039	.039
18	17	15	2		.039	.039
19	24	20	4		.039	.039
20	15	12	3		.039	.039
21	25	15	10		.039	.039
22	20	15	5		.039	.039
23	15	10	5		.039	.039
24	15	12	3		.039	.039
25	10	8	2		.047	.047
26	10	7	3		.042	.042
27	32	29	3		.040	.040
28	15	12	3		.042	.042
29	32	29	3		.043	.043
30	10	10	0		.047	.047
31						

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl ₂ residual at entry point ≥ 0.2 mg/L? <input checked="" type="radio"/> Yes / <input type="radio"/> 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>Jared Leard</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>7-5-21</u>
	PHONE #: <u>541 1621-8478</u>	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 ID #41: 93521 WTP.: Month/Year: JUNE 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]	CXT	[° C]		Use tables	Yes / No	[GPM]
1/	.4	206	80	20.2	7.2	21	Y	18
2/	.4		80	21.7	7.1	21	Y	
3/	.4		80	22.4	7.2	21	Y	
4/	.2		40	23.7	7.2	20	Y	
5/	.4		80	22.4	7.4	21	Y	
6/	.4		80	20.3	7.4	21	Y	
7/	.4		80	20.4	7.3	21	Y	
8/	.4		80	20.7	7.2	21	Y	
9/	.4		80	19.4	7.2	28	Y	
10/	.4		80	18.5	7.3	28	Y	
11/	.4		80	18.5	7.4	28	Y	
12/	.4		50	18.8	7.5	28	Y	
13/	.6		120	19.6	7.3	29	Y	
14/	.6		120	19.4	7.1	29	Y	
15/	.6		120	18.7	7.2	29	Y	
16/	.6		120	19.4	7.2	29	Y	
17/	.6		120	19.8	7.2	29	Y	
18/	.4		80	20.7	7.2	21	Y	
19/	.6		120	21.8	7.3	21	Y	
20/	.6		120	22.5	7.2	21	Y	
21/	.6		120	22.7	7.3	21	Y	
22/	.4		120	22.8	7.3	21	Y	
23/	.4		120	23.1	7.4	21	Y	
24/	.6		120	23.8	7.5	21	Y	
25/	.6		120	23.8	7.4	21	Y	
26/	.6		120	24.8	7.2	24	Y	
27/	.6		120	24.7	7.5	21	Y	
28/	.4		120	24.8	7.3	21	Y	
29/	.4		120	24.8	7.5	21	Y	
30/	.4		120	24.8	7.2	21	Y	
31/								

³ If CT at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf
 Revised September 2016

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

Hellgate River Lodge
Meter Record Sheet

Month: JUNE
Year: 2021

1	2	3	4	5	6	7
3272957	3275130	3279165	3282014	3286268	3289903	3291050
8	9	10	11	12	13	14
3293941	3296743	3298152	3300598	3302971	3306762	3308461
15	16	17	18	19	20	21
3311772	3314063	3316676	3319407	3324090	3328759	3332874
22	23	24	25	26	27	28
3336295	3341626	3346113	3349817	3353301	3359775	3364785
29	30	31	Monthly Total H2O Usage Reading			
3368744	3684856					

3289903
3291050
3308461

3289903
3291050
3308461