

Cartridge or Bag Filtration

Month/Year: May 2022

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading the Day [NTU]
1	49	0	49	31	.038	.038
2						
3	Closed					
4						
5						
6	30	21	9	31	.032	.032
7	49	0	49		.036	.036
8	49	0	49		.036	.036
9	Closed					
10	48	0	48		.038	.038
11	Closed					
12	48	0	48		.038	.038
13	48	0	48		.038	.038
14	49	0	49		.038	.038
15	49	0	49		.037	.037
16	Closed					
17	46	0	46		.037	.037
18	31	21	10		.037	.037
19	Closed					
20	29	19	10		.039	.039
21	50	0	50		.040	.040
22	50	0	50		.041	.041
23	50	0	50		.041	.041
24	30	19	11		.041	.041
25	25	22	3		.041	.041
26	26	18	8		.042	.042
27	26	18	8		.042	.042
28	34	22	12		.043	.043
29	28	18	10		.044	.044
30	28	20	8		.044	.044
31	26	18	8		.044	.044

Cartridge Filtration Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No All Cl ₂ residual at entry point ≥ 1.0 / No <input checked="" type="radio"/> 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>Jared Leard</u> SIGNATURE: <u>[Signature]</u> DATE: <u>6-6-22</u> PHONE #: <u>(541) 621-8478</u> CERT #:	

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: 93512

WTP.: Month/Year:

MAY 2022

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/	.2	200	40	14.6	8.0	49	Y	10
2/	Closed							
3/								
4/								
5/								
6/								
7/	.4	200	80	15.9	7.7	34		
8/	.4		80	17.4	7.7	33		
9/	closed							
10/	.4		80	16.2	7.9	33		
11/	Closed							
12/	.4		80	16.1	7.4	28		
13/	.4		80	16.2	7.4	28		
14/	.4		80	16.3	7.5	28		
15/	.4		80	16.5	7.5	28		
16/	closed							
17/	.4		80	16.6	7.4	28		
18/	.4		80	18.5	7.4	28		
19/	closed							
20/	.4		80	17.6	7.5	28		
21/	.4		80	17.1	7.3	28		
22/	.6		120	17.9	7.3	29		
23/	.6		120	17.8	7.2	29		
24/	.6		120	17.6	7.5	28		
25/	.4		80	20.1	7.1	21		
26/	.4		80	20.9	7.1	17		
27/	.4		80	19.6	7.3	28		
28/	.4		80	19.8	7.2	28		
29/	.4		80	18.3	7.1	28		
30/	.4		80	18.4	7.2	28		
31/	.4		80	19.8	7.4	28		

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

Month: May
Year: 2022

93512
Hellgate River Lodge
Meter Record Sheet

1	2	3	4	5	6	7
3795274	—	Closed	—	—	3799709	3800631
8	9	10	11	12	13	14
3803108	Closed	3806180	Closed	3809087	3817885	3826181
15	16	17	18	19	20	21
3832149	Closed	3834473	3835671	Closed	3839134	3842079
22	23	24	25	26	27	28
3844561	3847820	3851079	38520611	3854599	3858948	3865447
29	30	31	Monthly Total H2O Usage Reading			
3873250	3875059	3876820	81546			

The Water Lab

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Public 5/18

PWS ID# 4193512 **PWS Name:** Helgate Res Lodge

or Project Name (for Waste Water Systems): _____

Name of Collector: Jared Phone: 541-621-8478

Facility ID (Must Check One): A 1

Sample Point ID: A 1

Treatment: None UV Light Chlorinator/Residual Other _____

Matrix: Drinking Water Waste Water Source Water Other _____

Email Address: jard@helgate.com

Name: Jared Leard **Phone:** 541-621-8478

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Comments: _____

Request QC. Summary Report (For Chemistry Only)

TYPE OF SAMPLE* (CIRCLE ONE)	REPEAT SAMPLES ONLY	SAMPLE POINT	BOTTLE #	DATE COLLECTED	TIME COLLECTED	RESIDUAL	SPECIFY TEST REQUESTED
<input checked="" type="checkbox"/> R P S T R A	<input type="checkbox"/> T <input checked="" type="checkbox"/> C	<u>Pip Faucet</u>	<u>F5196</u>	<u>6-6-22</u>	<u>10:10 (am) pm</u>	<u>.2</u>	<input checked="" type="checkbox"/> Coliform Bacteria: SM9222B(MF) <input type="checkbox"/> SM9223 <input type="checkbox"/> SM9223 OT <input type="checkbox"/> Nitrate <input type="checkbox"/> <input type="checkbox"/> Coliform Bacteria: SM9222B(MF) <input type="checkbox"/> SM9223 <input type="checkbox"/> SM9223 OT <input type="checkbox"/> Nitrate <input type="checkbox"/> <input type="checkbox"/> Coliform Bacteria: SM9222B(MF) <input type="checkbox"/> SM9223 <input type="checkbox"/> SM9223 OT <input type="checkbox"/> Nitrate <input type="checkbox"/> <input type="checkbox"/> Coliform Bacteria: SM9222B(MF) <input type="checkbox"/> SM9223 <input type="checkbox"/> SM9223 OT <input type="checkbox"/> Nitrate <input type="checkbox"/> <input type="checkbox"/> Coliform Bacteria: SM9222B(MF) <input type="checkbox"/> SM9223 <input type="checkbox"/> SM9223 OT <input type="checkbox"/> Nitrate <input type="checkbox"/>
<input type="checkbox"/> R P S T R A	<input type="checkbox"/> T <input checked="" type="checkbox"/> C						
<input type="checkbox"/> R P S T R A	<input type="checkbox"/> T <input checked="" type="checkbox"/> C						
<input type="checkbox"/> R P S T R A	<input type="checkbox"/> T <input checked="" type="checkbox"/> C						
<input type="checkbox"/> R P S T R A	<input type="checkbox"/> T <input checked="" type="checkbox"/> C						

PAYMENT DUE UPON RECEIPT:

Cash Check Check No. _____ Amount \$ _____

In order to be accepted all samples must be chilled and packed in a cooler with ice and received within 24 hours.

Relinquished by: [Signature] Date: 6-6-22 Time: 10:19

Received by Lab: [Signature] Date: 6-6-22 Time: 10:19

Temp: 11 Received on ice: ✓ See Addendum: _____