

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Joseph

Month/Year: August 20

Cartridge or Bag Filtration

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	32	20	12	31	.046	.046
2	28	10	18		.047	.047
3	10	10	0		.047	.047
4	50	0	50		.048	.048
5	22	22	0		.038	.038
6	5	0	5		.047	.047
7	15	15	0		.038	.038
8	20	20	0		.038	.038
9	25	10	15		.039	.039
10	5	0	5		.040	.040
11	20	20	0		.042	.042
12	0	0	0		.043	.043
13	8	0	8		.043	.043
14	17	15	2		.041	.041
15	15	0	15		.041	.041
16	15	10	5		.041	.041
17	0	2	0		.042	.042
18	0	0	0		.042	.042
19	15	15	0		.045	.045
20	8	0	8		.050	.050
21	20	18	2		.047	.047
22	10	0	10		.047	.047
23	25	20	5		.047	.047
24	0	0	0		.046	.046
25	4	0	4		.046	.046
26	0	0	0		.046	.046
27	0	0	0		.055	.055
28	Shut Down due to Rum Creek Fire					
29						
30						
31						

<p>Cartridge Filtration Monthly Summary</p> <p>95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>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.</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>All Cl₂ residual at entry point ≥ 0.2 <input checked="" type="radio"/> Yes / <input type="radio"/> No</p> <p>PRINTED NAME: <u>Jared Leard</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>9-12-22</u></p> <p>PHONE #: <u>(541) 621-8478</u> CERT #: _____</p>
--	---

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 Ledge 93512

ID #41:

WTP-: Month/Year: August 2022

Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow	
			C X T	[°C]		Use tables	Yes / No	[GPM]	
1/	.4	200	80	24.4	7.4	21	Y	10	
2/	.4		80	24.9	7.3	21			
3/	.4		80	24.7	7.4	21			
4/	.4		80	24.6	7.5	21			
5/	.4		80	24.8	7.5	21			
6/	.4		80	24.6	7.5	21			
7/	.4		80	24.7	7.4	21			
8/	.4		80	24.6	7.4	21			
9/	.4		80	24.9	7.5	21			
10/	.4		80	24.8	7.4	21			
11/	.4		80	24.8	7.4	21			
12/	.4		80	24.8	7.4	21			
13/	.6		120	23.2	7.5	21			
14/	.6		120	23.7	7.4	21			
15/	.6		120	23.8	7.6	26			
16/	.6		120	24.2	7.7	26			
17/	.6		120	24.3	7.4	24			
18/	.6		120	24.7	7.6	26			
19/	.6		120	24.6	7.5	21			
20/	.6		120	24.9	7.5	21			
21/	.6		120	24.6	7.5	21			
22/	.6		120	24.9	7.5	21			
23/	.6		120	24.4	7.5	21			
24/	.6		120	24.3	7.6	26			
25/	.6		120	24.1	7.6	26			
26/	.6		120	24.6	7.5	21			
27/	.6		120	24.0	7.5	21			
28/									
29/			Shut down due to						
30/			rum creek fire						
31/									

³ If CT 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

93512

Heligate River Lodge
Meter Record Sheet

Month: August
Year: 2022

	1	2	3	4	5	6	7
27853	3987	39811	48753	54038	60464	66098	
7236	78174	84212	90250	96280	102326	108529	
114217	120193	126175	131150	137290	143799	149898	
155874	161853	167832	173811	179958	185387	191898	
29	30	31	Monthly Total H2O Usage Reading				
Closed	Closed	Closed	157529				Closed