

Cartridge or Bag Filtration

Month/Year: _____

System Name: HELLGATE RIVER LODGE ID# 41 93512 WTP ID: 5/23

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the Day [NTU]
1				31		
2						
3						
4						
5						
6	45	0	45		.073	.073
7						
8						
9						
10						
11						
12	50	0	50		.051	.051
13	45	0	45		.052	.052
14	25	21	4		.051	.051
15	25	20	5		.051	.051
16	45	0	45		.053	.053
17	22	22	0		.054	.054
18	45	0	45		.057	.057
19	22	20	2		.055	.055
20	20	18	2		.056	.056
21	45	0	45		.056	.056
22	45	0	45		.056	.056
23	40	20	20		.056	.056
24	20	0	20		.057	.057
25	20	16	4		.058	.058
26	48	0	48		.060	.060
27	16	16	0		.061	.061
28	20	18	2		.062	.062
29	15	15	0		.062	.062
30	40	20	20		.063	.063
31	15	0	15		.063	.063

Cartridge Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
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	CT's met everyday? <input checked="" type="radio"/> Yes / <input type="radio"/> No (see back)	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>		DATE: <u>6-9-23</u>
	SIGNATURE: <u>[Signature]</u>		CERT #: _____
	PHONE #: <u>(541) 621-8478</u>		_____

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in "Daily Turbidity Reading" Column may not correspond to continuous readings' maximum.

Water / 1757 Knight 1234

OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: HELL GATE RIVER LODGE ID #41: 93512 WTP: 5/23 Month/Year: 5/23 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/		200						10	
2/									
3/			NOT OPEN						
4/									
5/									
6/	.2		40	15.7	7.5	28	Y		
7/									
8/									
9/			not open						
10/									
11/									
12/	.2		40	15.7	7.5	28	Y	10	
13/	.2		46	17.6	7.5	28	Y		
14/	.4		80	18.8	7.3	28	Y		
15/	.4		80	18.9	7.3	28	Y		
16/	.4		80	19.1	7.2	28	Y		
17/	.4		80	20	7.4	21	Y		
18/	.4		80	21	7.3	21	Y		
19/	.6		120	19.9	7.2	29	Y		
20/	.6		120	20	7.2	21	Y		
21/	.6		120	19.9	7.3	29	Y		
22/	.6		120	19.8	7.2	29	Y		
23/	.4		80	19.8	7.3	29	Y		
24/	.4		80	19.6	7.5	28	Y		
25/	.4		80	19.5	7.5	28	Y		
26/	.4		80	19.6	7.3	28	Y		
27/	.4		80	19.8	7.3	28	Y		
28/	.6		120	19.6	7.2	29	Y		
29/	.4		80	19.7	7.3	28	Y		
30/	.4		80	19.3	7.5	28	Y		
31/	.4		80	19.5	7.5	28	Y		

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised September 2010

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: *2023*

Hellgate River Lodge
 Meter Record Sheet

	1	2	3	4	5	6	7
8		9	10	11	12	13	14
					<i>360790</i>	<i>363325</i>	<i>366092</i>
15		16	17	18	19	20	21
		<i>369176</i>	<i>370718</i>	<i>372262</i>	<i>377129</i>	<i>379542</i>	<i>385388</i>
22		23	24	25	26	27	28
		<i>388836</i>	<i>390560</i>	<i>392285</i>	<i>395982</i>	<i>398227</i>	<i>404083</i>
29		30	31	Monthly Total H2O Usage Reading			
	<i>406780</i>	<i>409477</i>	<i>412174</i>				

6170

1542

1724