

OHA - Drinking Water Services - Turbidity Monitoring Report Form

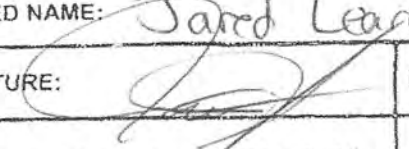
County: Josephine

Cartridge or Bag Filtration

Month/Year: JUNE

System Name: HELLCATE RIVER LODGE ID# 41 93512 WTP ID: 2023

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	15	10	31	.066	.066
2	26	15	11	1	.066	.066
3	20	18	2		.066	.066
4	15	14	1		.066	.066
5	15	15	0		.066	.066
6	25	15	10		.067	.067
7	20	16	4		.067	.067
8	22	19	3		.068	.068
9	19	16	3		.069	.069
10	17	15	2		.068	.068
11	17	15	2		.065	.065
12	15	15	0		.065	.065
13	20	15	5		.066	.066
14	25	20	5		.068	.068
15	20	17	3		.070	.070
16	10	14	2		.070	.070
17	16	14	2		.065	.065
18	15	13	2		.071	.071
19	15	15	0		.071	.071
20	20	17	3		.072	.072
21	20	18	2		.078	.078
22	26	24	2		.069	.069
23	41	25	41		.067	.067
24	27	26	1		.064	.064
25	30	27	3		.065	.065
26	25	20	5		.068	.068
27	27	25	2		.070	.070
28	20	15	5		.073	.073
29	25	22	3		.075	.075
30	42	8	42		.067	.067
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: Jared Leard	
	SIGNATURE: 	DATE: 7-6-23
	PHONE #: (541) 1621-8478	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: JUNE/23 Month/Year: JUNE/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/	.4	200	80	19.1	7.4	28	Yes	10
2/	.4		80	19.2	7.5	28		
3/	.4		80	19.9	7.3	28		
4/	.4		80	19.7	7.3	28		
5/	.4		80	19.7	7.4	28		
6/	.4		80	19.9	7.4	28		
7/	.4		80	20.1	7.5	21		
8/	.4		80	21.4	7.4	21		
9/	.4		80	21.6	7.4	21		
10/	.6		120	20.8	7.2	21		
11/	.6		120	20.7	7.1	21		
12/	.6		120	20.0	7.2	21		
13/	.6		120	19.9	7.3	29		
14/	.6		120	19.7	7.5	29		
15/	.6		120	19.9	7.3	29		
16/	.6		120	19.9	7.1	29		
17/	.6		120	20.5	7.0	18		
18/	.8		160	19.8	7.2	29		
19/	.8		160	19.7	7.1	29		
20/	.8		160	19.9	7.3	29		
21/	.8		160	19.9	7.3	29		
22/	.8		160	19.8	7.2	29		
23/	.6		120	19.9	7.2	29		
24/	.6		120	19.7	7.2	29		
25/	.6		120	19.9	7.1	29		
26/	.6		120	19.9	7.2	29		
27/	.6		120	20.7	7.2	21		
28/	.6		120	21.3	7.3	21		
29/	.6		120	22.0	7.3	21		
30/	.6		120	23.5	7.3	21	Yes	10
31/								

³ If Cl₂ 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

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

April 30, 2023

Hellgate River Lodge

Year 2023

Meter Record Sheet

	1	2	3	4	5	6	7
41853	417670	423156	428576	432584	436600	440612	
8	9	10	11	12	13	14	
414621	414963	454853	466633	465985	471337	476689	
15	16	17	18	19	20	21	
42201	427432	492996	499078	504117	509157	514197	
22	23	24	25	26	27	28	
518022	522546	525700	528932	531547	534137	536767	
29	30	31	Monthly Total H2O Usage Reading				
539382	541989		127136				

4012

2109

5352

26,071

5080