

Cartridge or Bag Filtration

Month/Year: July 2024

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading the Day [NTU]
1	12	0	12	31	.012	.012
2	26	24	2		.012	.012
3	26	24	2		.012	.012
4	31	27	4		.012	.012
5	26	23	3		.012	.012
6	31	29	3		.012	.012
7	29	25	4		.012	.012
8	29	25	4		.012	.012
9	13	0	13		.012	.012
10	26	22	4		.012	.012
11	26	22	4		.012	.012
12	24	24	2		.012	.012
13	29	25	4		.011	.011
14	29	25	4		.011	.011
15	26	22	4		.011	.011
16	31	28	3		.012	.012
17	13	0	13		.012	.012
18	29	25	4		.012	.012
19	30	28	2		.012	.012
20	28	25	3		.012	.012
21	27	25	2		.012	.012
22	23	19	4		.012	.012
23	13	0	13		.012	.012
24	15	10	5		.012	.012
25	15	10	5		.012	.012
26	15	10	5		.012	.012
27	15	12	3		.012	.012
28	15	12	3		.012	.012
29	13	10	3		.012	.012
30	15	9	6		.012	.012
31	15	9	6		.012	.012

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 ≥ 0.7 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>8/9/24</u> PHONE #: <u>1541 1621-8478</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: HELLGATERIVER Lodge ID #41: 93512 WTP: Month/Year: July 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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.0	152	152	22.6	7.0	19	Y	10
2/	1.6		243.2	24.8	7.1	16	Y	
3/	1.6		243.2	24.8	7.1	16	Y	
4/	1.6		243.2	24.8	7.1	16	Y	
5/	2.0		304	24.3	7.0	28	Y	
6/	2.0		304	23.7	7.2	25	Y	
7/	2.0		304	26.5	7.0	21	Y	
8/	2.0		304	26.5	7.0	21	Y	
9/	1.6		243.2	25.9	7.2	16	Y	
10/	1.6		243.2	25.8	7.2	16	Y	
11/	1.8		273.6	27.5	7.1	16	Y	
12/	1.2		182.4	25.8	7.0	13	Y	
13/	1.2		182.4	25.7	7.0	13	Y	
14/	1.2		182.4	26.1	7.1	15	Y	
15/	1.2		182.4	25.4	7.1	15	Y	
16/	1.0		152	23.9	7.0	14	Y	
17/	1.2		182.4	24.1	7.1	15	Y	
18/	.4		60.8	27	7.4	14	Y	
19/	.4		60.8	27	7.4	14	Y	
20/	.4		60.8	25.6	7.3	14	Y	
21/	1.2		182.4	25.3	7.5	15	Y	
22/	1.8		273.6	25.0	7.7	16	Y	
23/	1.6		243.2	25.8	7.2	16	Y	
24/	1.4		212.8	25.0	7.7	14	Y	
25/	.6		91.2	23.4	7.5	21	Y	
26/	.6		91.2	23.4	7.5	21	Y	
27/	.6		91.2	23.4	7.6	17	Y	
28/	1.6		152	24.4	7.5	22	Y	
29/	1.0		152	23.2	7.4	15	Y	
30/	1.0		152	25.1	7.4	15	Y	
31/	1.0		152	25.1	7.4	15	Y	

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 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

93512

Month: July

Year: 2024

Hellgate River Lodge

Meter Record Sheet

	1	2	3	4	5	6	7
	1185319	1188214	1190633	1194063	1198826	1204120	1210433
8		9	10	11	12	13	14
	1215454	1220060	1223021	1226891	1231792	1237241	1242779
15		16	17	18	19	20	21
	1222040	1261537	1262493	1261798	1267279	1271330	1276586
22		23	24	25	26	27	28
	1282350	1271463	1293065	1297365	1302343	1307296	1312141
29		30	31	Monthly Total H2O Usage Reading			
	1312261	1321983	1326635	141316			