

Cartridge or Bag Filtration

Month/Year: Aug 2017

System Name: HELLEGATE RIVER LODGE ID# 41 93512

WTP ID:

DAY	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading the Day [NTU]
1	15	12	3	31	.012	.012
2	15	12	3		.012	.012
3	15	12	3		.012	.012
4	15	10	5		.012	.012
5	15	10	5		.012	.012
6	15	12	3		.012	.012
7	22	18	4		.013	.013
8	23	2	21		.015	.015
9	15	6	15		.014	.014
10	31	28	3		.012	.012
11	28	25	3		.012	.012
12	25	22	3		.012	.012
13	15	0	15		.011	.011
14	25	24	1		.012	.012
15	26	23	3		.012	.012
16	8	6	8		.011	.011
17	10	8	2		.012	.012
18	30	28	2		.012	.012
19	15	10	15		.012	.012
20	20	15	5		.012	.012
21	15	0	15		.017	.012
22	20	16	4		.012	.012
23	10	0	10		.011	.011
24	29	25	4		.012	.012
25	28	25	3		.012	.012
26	9	8	9		.011	.011
27	15	0	15		.011	.011
28	20	15	5		.011	.011
29	9	6	9		.011	.011
30	29	25	4		.012	.012
31	25	20	5		.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 ≥ 0.2 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: <i>[Signature]</i> DATE: 9-9-24 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-: Month/Year: AUG 2024

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	25.7	7.5	15	Y	10
2/	1.0		152	25.7	7.5	15	Y	
3/	1.0		152	25.9	7.6	18	Y	
4/	1.0		152	26.9	7.6	18	Y	
5/	1.0		152	26.9	7.6	18	Y	
6/	.5		76	25.1	8.4	20	Y	
7/	.6		91.2	26.2	7.8	17	Y	
8/	.4		60.8	25.9	7.8	17	Y	
9/	.4		60.8	25.6	7.8	17	Y	
10/	1.0		152	25.5	7.8	18	Y	
11/	.8		121.6	25.6	7.8	18	Y	
12/	.8		121.6	24.7	7.8	18	Y	
13/	.6		91.2	24.4	7.8	17	Y	
14/	.8		121.6	24.3	7.7	18	Y	
15/	.6		91.2	23.7	7.8	26	Y	
16/	.6		91.2	23.7	7.8	26	Y	
17/	.6		91.2	22.8	7.9	26	Y	
18/	.6		91.2	22.6	7.9	26	Y	
19/	.8		121.6	22.7	7.8	18	Y	
20/	.8		121.6	22.9	7.8	18	Y	
21/	.6		91.2	22.1	7.8	26	Y	
22/	.6		91.2	24.0	7.7	26	Y	
23/	.6		91.2	20.9	7.9	26	Y	
24/	.4		60.8	19.8	8.0	33	Y	
25/	.4		60.8	20.7	8.0	25	Y	
26/	.6		91.2	23.7	7.6	26	Y	
27/	.6		91.2	22.1	7.6	26	Y	
28/	.6		91.2	24.5	7.9	26	Y	
29/	.4		60.8	25.1	7.7	17	Y	
30/	.4		60.8	23.4	7.8	25	Y	
31/	.6		91.2	24.5	7.8	25	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

Month: Aug

Year: 2024

Hellgate River Lodge
Meter Record Sheet

93512

1	2	3	4	5	6	7
1331249	1335234	1339842	1344236	1348430	1352830	1357534
8	9	10	11	12	13	14
1361633	1361633	1367648	1372429	1377294	1381144	1383042
15	16	17	18	19	20	21
1387379	1389737	1392888	1396623	1394261	1405514	1404231
22	23	24	25	26	27	28
1411375	1414874	1419768	1423427	1427951	1412635	14123952
29	30	31	Monthly Total H2O Usage Reading			
1431565	1435622	1438618	107367			

7/24/25
2024