

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Apr-21

System Name:	City of Rogue River		ID#: 41 - 00712				WTP : TP -	WTP-A
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]	
1	---	---	0.07	0.07	0.07	---	0.07	
2	---	---	---	---	---	---	0.00	
3	---	---	---	---	---	---	0.00	
4	---	---	---	---	---	---	0.00	
5	---	---	0.10	0.11	---	---	0.11	
6	---	---	---	---	0.05	---	0.05	
7	---	---	0.05	0.04	---	---	0.05	
8	---	---	0.05	0.12	---	---	0.12	
9	---	---	0.11	0.06	---	---	0.11	
10	---	---	---	---	---	---	0.00	
11	---	---	---	---	---	---	0.00	
12	---	---	---	---	---	---	0.00	
13	---	---	---	---	---	---	0.00	
14	---	---	---	---	---	---	0.00	
15	---	---	---	0.09	0.06	---	0.09	
16	---	---	0.06	0.07	0.05	---	0.07	
17	---	---	---	---	---	---	0.00	
18	---	---	---	---	---	---	0.00	
19	---	---	0.06	0.06	---	---	0.06	
20	---	---	0.07	0.07	0.06	---	0.07	
21	---	---	0.07	0.07	0.06	---	0.07	
22	---	---	0.07	0.07	0.06	---	0.07	
23	---	---	0.07	0.07	0.07	---	0.07	
24	---	---	---	---	---	---	0.00	
25	---	---	---	---	---	---	0.00	
26	---	---	0.07	0.07	0.08	---	0.08	
27	---	---	0.08	0.08	0.07	0.07	0.08	
28	0.08	0.08	0.07	0.08	0.07	---	0.08	
29	---	---	0.08	0.07	0.07	0.07	0.08	
30	---	---	0.07	0.08	0.07	---	0.08	

95% of 4-hour turbidity readings ≤ 0.3 NTU? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	Yes / No Yes / No Yes / No	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / No
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Notes:	PRINTED NAME: Michael Bollweg	
	SIGNATURE: Michael Bollweg	DATE: 5.7.21
	PHONE #: (541) 582-4401	CERT #: 5296

correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Rogue River				ID#: 41 - 00712		Month/Year: 21-Apr		WTP - :	WTP-A
								Disinfection <i>Giardia</i>	
								Log Inactive:	0.5

Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	1.11	76	84	11.4	7.1	18	YES	750
2								
3								
4								
5	0.79	76	60	12.0	7.0	17	YES	741
6								
7	0.92	76	70	12.1	6.9	16	YES	755
8	1.29	76	98	12.9	6.9	16	YES	738
9	1.02	76	78	12.9	6.9	15	YES	748
10								
11								
12								
13								
14								
15	1.03	76	78	13.7	6.8	14	YES	749
16	0.96	76	73	12.5	6.8	15	YES	743
17								
18								
19	1.39	76	106	13.8	6.8	14	YES	745
20	1.21	76	92	13.4	6.8	14	YES	745
21	1.57	76	119	13.2	6.8	15	YES	748
22	1.37	76	104	13.8	6.9	15	YES	736
23	1.42	76	108	15.1	6.9	14	YES	751
24								
25								
26	1.12	76	85	12.3	6.9	16	YES	740
27	1.04	76	79	12.9	6.9	15	YES	745
28	1.41	76	107	13.1	6.9	16	YES	745
29	1.15	76	87	14.9	6.8	13	YES	744
30	1.39	76	106	15.2	6.8	13	YES	741

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

Revised July 2018

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