

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Jackson

Month/Year: May-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	---	---	---	---	---	---	0.00
2	---	---	---	---	---	---	0.00
3	---	---	0.07	0.09	0.07	0.07	0.09
4	0.07	0.08	0.07	0.07	0.07	---	0.08
5	---	---	0.07	0.10	0.07	0.08	0.10
6	0.08	0.12	0.12	0.10	---	---	0.12
7	---	---	---	---	---	---	0.00
8	---	---	---	---	---	---	0.00
9	---	---	---	---	---	---	0.00
10	---	---	---	---	---	---	0.00
11	---	---	---	---	0.04	---	0.04
12	---	---	0.05	0.04	0.03	0.04	0.05
13	0.03	0.04	0.05	0.04	0.03	0.04	0.05
14	0.04	0.04	0.04	0.03	0.04	---	0.04
15	---	---	0.04	0.04	0.04	---	0.04
16	---	---	---	---	---	---	0.00
17	---	---	0.04	0.05	0.04	0.04	0.05
18	0.04	0.05	0.04	0.04	---	---	0.05
19	---	---	0.05	0.04	0.06	---	0.06
20	---	---	0.04	0.07	---	---	0.07
21	---	---	---	0.04	0.03	---	0.04
22	---	---	---	---	---	---	0.00
23	---	---	---	---	---	---	0.00
24	---	---	0.09	0.03	0.03	---	0.09
25	---	---	0.03	0.03	0.03	---	0.03
26	---	---	0.10	0.03	0.04	0.03	0.10
27	0.29	0.03	0.03	0.33	---	---	0.29
28	---	---	0.03	0.03	0.03	0.05	0.05
29	0.21	0.03	0.03	0.03	0.04	0.10	0.21
30	0.03	0.03	0.03	0.03	0.04	0.03	0.04
31	0.03	0.03	0.03	---	---	---	0.03

95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		

Notes:	PRINTED NAME: Michael Bollweg	
	SIGNATURE: Michael Bollweg	DATE: 6-9-21
	PHONE #: (541) 582-4401	CERT #: 5296

correspond to continuous readings¹ maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	WTP-A
Disinfection <i>Giardia</i> Log Inactive:	0.5

System Name: City of Rogue River ID#: 41 - 00712 Month/Year: 21-May

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								
2								
3	1.09	76	83	15.0	6.9	13	YES	752
4	1.27	76	97	15.1	6.9	13	YES	746
5	1.18	76	90	15.9	6.9	13	YES	748
6	1.48	76	112	15.4	7.0	14	YES	750
7								
8								
9								
10								
11	1.49	76	113	16.4	7.0	13	YES	742
12	1.04	76	79	14.4	6.8	13	YES	752
13	1.57	76	119	15.4	6.8	13	YES	755
14	1.52	76	116	16.0	6.8	13	YES	760
15	1.44	76	109	16.7	6.8	12	YES	739
16								
17	1.58	76	120	16.0	6.8	13	YES	742
18	1.56	76	119	15.4	6.8	13	YES	749
19	1.66	76	126	14.3	6.7	14	YES	749
20	1.59	76	121	14.4	6.8	14	YES	721
21	1.75	76	133	14.0	6.8	15	YES	749
22								
23								
24	1.55	76	118	13.6	6.7	14	YES	754
25	1.81	76	138	14.8	6.6	13	YES	744
26	1.24	76	94	14.4	6.6	13	YES	773
27	2.09	76	159	15.2	6.6	13	YES	752
28	1.87	76	142	14.7	6.6	13	YES	753
29	1.94	76	147	14.1	6.6	14	YES	762
30	1.60	76	122	14.7	6.6	13	YES	752
31	1.76	76	134	15.6	6.7	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