

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Jackson

Month/Year: Jul-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	0.02	0.02	0.03	0.03	0.03	0.02	0.03
2	0.02	0.03	0.03	0.03	0.02	0.02	0.03
3	0.02	0.03	0.03	0.03	0.02	0.03	0.03
4	0.02	0.02	0.03	0.03	0.03	0.03	0.03
5	0.02	0.03	0.03	0.03	0.03	0.03	0.03
6	0.02	---	---	---	0.03	0.03	0.03
7	0.02	0.03	0.04	0.03	0.03	0.02	0.04
8	0.03	0.02	0.03	0.04	0.02	0.03	0.04
9	0.02	0.02	0.03	0.02	0.02	0.02	0.03
10	0.02	0.03	0.02	0.02	0.02	0.02	0.03
11	0.03	0.03	0.03	0.02	0.02	0.03	0.03
12	0.03	0.02	---	---	---	---	0.03
13	---	---	---	---	---	---	0.00
14	---	---	0.02	0.02	0.03	0.02	0.03
15	0.02	0.02	0.03	0.02	0.02	0.02	0.03
16	0.02	0.02	0.03	0.02	0.02	0.02	0.03
17	0.02	0.02	0.02	0.02	0.02	0.02	0.02
18	0.02	0.02	0.02	0.02	0.02	0.02	0.02
19	0.02	0.02	0.02	0.02	0.02	0.02	0.02
20	0.02	0.02	0.02	0.02	0.02	0.02	0.02
21	0.02	0.02	0.02	0.02	0.03	---	0.03
22	---	---	0.02	0.02	0.02	0.02	0.02
23	0.02	0.02	0.03	0.02	0.02	0.03	0.03
24	0.02	0.02	0.02	0.02	0.02	0.02	0.02
25	0.02	0.02	0.02	0.02	0.02	0.02	0.02
26	0.02	0.02	0.02	0.02	0.02	0.02	0.02
27	0.02	0.03	---	---	0.02	0.02	0.03
28	0.02	0.03	0.03	0.02	0.07	0.02	0.07
29	0.02	0.02	0.02	0.02	---	---	0.02
30	---	---	0.02	0.02	0.03	0.02	0.03
31	0.02	0.02	0.03	0.02	0.02	0.02	0.03

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: 8.9.21
	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-Jul	WTP - : Disinfection <i>Giardia</i> Log Inactive:	WTP-A 0.5
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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	1.51	76	115	19.4	6.6	9	YES	765
2	1.46	76	111	18.4	6.7	10	YES	757
3	1.43	76	109	19.3	6.7	10	YES	750
4	1.44	76	109	19.3	6.7	10	YES	740
5	0.89	76	68	19.6	6.7	9	YES	754
6	1.42	76	108	19.6	6.8	10	YES	754
7	1.35	76	103	18.6	6.7	10	YES	754
8	1.48	76	112	18.5	6.7	10	YES	762
9	1.39	76	106	18.7	6.8	10	YES	767
10	1.45	76	110	18.9	6.8	10	YES	762
11	1.40	76	106	18.9	6.8	10	YES	760
12	1.46	76	111	18.7	6.9	11	YES	755
13								
14	1.01	76	77	19.3	6.6	9	YES	749
15	1.45	76	110	18.8	6.6	10	YES	763
16	1.46	76	111	18.5	6.6	10	YES	755
17	1.61	76	122	18.9	6.6	10	YES	755
18	1.67	76	127	18.9	6.6	10	YES	759
19	1.62	76	123	19.1	6.6	10	YES	768
20	1.44	76	109	18.9	6.7	10	YES	761
21	1.68	76	128	18.8	6.6	10	YES	756
22	1.35	76	103	19.0	6.7	10	YES	752
23	1.43	76	109	17.8	6.7	11	YES	767
24	1.34	76	102	19.0	6.7	10	YES	757
25	1.55	76	118	19.8	6.7	9	YES	749
26	0.96	76	73	18.6	6.7	10	YES	771
27	1.41	76	107	20.6	6.7	9	YES	762
28	1.37	76	104	18.0	6.7	10	YES	758
29	1.27	76	97	19.6	6.8	10	YES	754
30	1.00	76	76	20.2	6.8	9	YES	765
31	1.63	76	124	20.0	6.7	9	YES	762

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