

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Jackson**
 Month/Year: **Aug-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	0.03	0.02	0.03	0.02	0.02	0.02	0.03
2	0.02	0.02	0.02	0.02	0.03	0.03	0.03
3	0.02	0.03	0.03	0.03	0.03	0.03	0.03
4	0.03	0.03	0.03	0.03	0.03	0.02	0.03
5	0.03	0.03	0.03	0.03	0.04	0.02	0.04
6	0.03	0.03	0.04	0.03	0.03	0.02	0.04
7	0.02	0.02	0.02	0.02	0.02	0.02	0.02
8	0.02	0.03	0.02	0.02	0.02	0.02	0.03
9	0.02	0.02	0.03	0.02	0.02	0.02	0.03
10	0.02	0.02	0.02	0.03	0.02	0.02	0.03
11	0.02	0.02	0.02	0.02	0.02	0.02	0.02
12	0.02	0.02	0.02	0.02	0.02	0.02	0.02
13	0.02	0.02	0.02	0.02	0.03	0.02	0.03
14	0.02	0.03	0.02	0.02	0.02	0.03	0.03
15	0.03	0.02	0.02	0.02	0.02	0.02	0.03
16	0.02	0.02	0.02	0.02	0.02	0.03	0.03
17	0.02	0.02	0.02	0.02	0.02	0.03	0.03
18	0.02	0.02	0.03	0.02	0.02	0.02	0.03
19	0.02	0.03	0.03	0.02	0.03	0.02	0.03
20	0.02	0.02	0.03	0.02	0.02	0.02	0.03
21	0.02	0.03	0.03	0.03	0.02	0.03	0.03
22	0.03	0.03	0.03	0.02	0.02	0.03	0.03
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03
24	0.03	0.03	0.03	0.03	0.02	0.02	0.03
25	0.02	0.02	0.02	0.02	0.02	0.02	0.02
26	0.03	0.02	0.02	0.02	0.02	0.02	0.03
27	0.02	0.02	---	---	0.02	0.02	0.02
28	0.02	0.02	0.02	0.02	0.02	0.02	0.02
29	0.02	0.02	0.02	0.02	0.02	0.02	0.02
30	0.02	0.04	0.02	0.02	0.02	0.02	0.04
31	0.03	0.02	0.02	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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
		Yes / No	Yes / No

Notes:	PRINTED NAME: Michael Bollweg	
	SIGNATURE: Michael Bollweg	DATE: 9.8.21
	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-Aug		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 [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1.64	76	125	20.0	6.8	10	YES	767
2	1.51	76	115	20.1	6.7	9	YES	754
3	1.12	76	85	19.6	6.8	9	YES	756
4	1.24	76	94	18.7	6.8	10	YES	760
5	1.53	76	116	18.1	6.9	11	YES	760
6	0.86	76	65	17.9	6.7	10	YES	765
7	1.58	76	120	19.3	6.6	9	YES	761
8	1.60	76	122	19.0	6.5	9	YES	757
9	1.51	76	115	18.7	6.6	10	YES	762
10	1.53	76	116	19.1	6.6	9	YES	763
11	1.52	76	116	19.2	6.6	9	YES	759
12	1.19	76	90	19.9	6.6	9	YES	763
13	1.38	76	105	19.4	6.6	9	YES	758
14	1.18	76	90	19.5	6.6	9	YES	765
15	1.36	76	103	19.6	6.6	9	YES	759
16	1.33	76	101	20.3	6.6	9	YES	765
17	1.37	76	104	19.6	6.7	9	YES	773
18	1.37	76	104	18.6	6.7	10	YES	762
19	1.40	76	106	17.1	6.7	11	YES	772
20	1.38	76	105	18.7	6.7	10	YES	768
21	1.18	76	90	18.1	6.8	10	YES	763
22	1.18	76	90	18.0	6.8	11	YES	755
23	1.15	76	87	18.4	6.8	10	YES	761
24	0.97	76	74	16.7	6.8	11	YES	764
25	1.36	76	103	17.2	6.9	12	YES	767
26	1.34	76	102	17.3	6.7	11	YES	771
27	1.53	76	116	17.3	6.6	11	YES	748
28	1.24	76	94	16.2	6.9	12	YES	763
29	1.50	76	114	17.7	7.0	12	YES	763
30	1.38	76	105	17.2	7.0	12	YES	759
31	1.45	76	110	17.1	7.0	12	YES	770

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