

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

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

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		

PRINTED NAME: Michael Bollweg	
SIGNATURE: <i>Michael Bollweg</i>	DATE: 10.9.21
PHONE #: (541) 415-1117	CERT #: 5296

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not 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

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

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

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	1.71	76	130	16.1	6.9	13	YES	757
2		76						
3		76						
4	1.42	76	108	16.0	6.9	13	YES	768
5	1.29	76	98	15.2	6.8	13	YES	763
6	1.24	76	94	14.3	6.9	14	YES	760
7		76						
8	1.47	76	112	14.2	6.9	15	YES	767
9		76						
10		76						
11	1.54	76	117	13.5	6.9	15	YES	767
12		76						
13	1.61	76	122	12.2	6.9	17	YES	752
14	1.78	76	135	12.4	6.9	17	YES	767
15	1.56	76	119	10.1	6.9	20	YES	760
16		76						
17		76						
18		76						
19	1.31	76	100	11.6	6.9	17	YES	769
20	1.67	76	127	11.6	6.9	18	YES	761
21		76						
22		76						
23		76						
24		76						
25	1.01	76	77	13.9	6.9	14	YES	761
26		76						
27		76						
28		76						
29		76						
30		76						
31		76						

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

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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
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