

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

County: **Jackson**
 Month/Year: **March-22**

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	---	---	0.06	0.03	0.04	0.05	0.06	
2	0.04	---	0.04	0.03	0.03	---	0.04	
3	---	---	0.03	0.03	0.03	---	0.03	
4	---	---	0.04	0.06	0.06	0.04	0.06	
5	0.04	---	0.04	---	---	---	0.04	
6	---	---	0.04	0.07	0.04	0.04	0.07	
7	0.07	---	0.04	0.04	0.04	---	0.07	
8	---	---	0.04	0.04	0.03	---	0.04	
9	---	---	0.03	0.03	0.03	---	0.03	
10	---	---	0.04	0.10	0.06	0.04	0.10	
11	0.05	---	0.06	0.04	0.03	---	0.06	
12	0.09	0.04	0.04	0.04	---	---	0.09	
13	---	---	---	---	---	---	0.00	
14	---	---	0.03	0.05	0.08	0.04	0.08	
15	0.05	0.06	0.04	0.05	0.06	---	0.06	
16	---	---	0.04	0.07	0.08	---	0.08	
17	---	---	0.06	0.04	0.04	0.05	0.06	
18	---	---	0.03	0.03	0.03	0.04	0.04	
19	0.04	---	0.03	---	---	---	0.04	
20	---	---	---	---	---	---	0.00	
21	---	---	0.14	0.07	0.04	0.05	0.14	
22	0.05	0.04	0.04	0.04	0.04	---	0.05	
23	---	---	0.04	0.04	0.04	0.05	0.05	
24	---	---	---	---	---	---	0.00	
25	---	---	0.06	---	---	---	0.06	
26	---	---	---	---	---	---	0.00	
27	---	---	---	---	---	---	0.00	
28	---	---	0.03	0.04	0.03	0.04	0.04	
29	0.04	0.04	0.04	0.03	---	---	0.04	
30	---	---	0.05	0.07	0.05	0.04	0.07	
31	0.06	---	0.04	0.04	0.03	0.05	0.06	

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

	PRINTED NAME: Michael Bollweg	
	SIGNATURE: Michael Bollweg	DATE: 4.8.22
	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

System Name: City of Rogue River ID#: 41-00712 Month/Year: March-22 Disinfection *Giardia* Log Inactive: 0.50

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	1.42	76	108	10.4	7.2	21	YES	767
2	1.57	76	119	10.1	7.3	23	YES	759
3	1.38	76	105	10.5	7.3	22	YES	758
4	1.48	76	112	9.5	7.3	23	YES	762
5	2.31	76	176	9.2	7.3	26	YES	765
6	1.77	76	135	8.8	7.4	26	YES	760
7	1.74	76	132	9.2	7.3	25	YES	761
8	1.68	76	128	9.9	7.4	24	YES	750
9	1.51	76	115	10.1	7.4	23	YES	762
10	1.81	76	138	9.9	7.5	25	YES	760
11	1.92	76	146	9.9	7.5	26	YES	764
12	2.10	76	160	11.9	7.5	23	YES	755
13		76						
14	1.46	76	111	11.1	7.5	23	YES	758
15	1.51	76	115	11.4	7.4	21	YES	767
16	1.44	76	109	10.9	8.2	29	YES	760
17	1.91	76	145	11.4	7.2	21	YES	764
18	1.40	76	106	11.6	7.3	20	YES	755
19	1.45	76	110	11.7	7.2	19	YES	752
20		76						
21	1.17	76	89	10.0	7.2	21	YES	765
22	1.18	76	90	10.2	7.2	21	YES	769
23	1.09	76	83	12.4	7.9	23	YES	776
24		76						
25	1.25	76	95	13.1	7.2	17	YES	760
26		76						
27		76						
28	1.29	76	98	12.9	7.3	18	YES	752
29	1.67	76	127	12.8	7.1	18	YES	770
30	1.38	76	105	13.6	7.2	17	YES	765
31	1.62	76	123	12.2	7.0	18	YES	779

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