

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: September-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			0.11	0.07	0.04	0.06	0.11
2	0.04	0.05	0.09	0.06	0.04	0.04	0.09
3	0.04	0.07	0.06	0.04	0.04	0.04	0.07
4	0.04	0.04	0.06	0.06	0.04	0.04	0.06
5	0.04	0.04	0.04	0.04	0.05		0.05
6	0.06	0.04	0.04	0.05	0.04	0.04	0.06
7	0.04		0.04	0.04	0.04	0.04	0.04
8	0.04	0.04	0.05	0.05	0.05	0.04	0.05
9							0.00
10						0.21	0.21
11	0.06	0.07	0.07	0.08	0.06	0.07	0.08
12	0.06	0.08	0.10	0.06	0.08	0.06	0.10
13	0.07	0.05	0.07	0.16	0.06		0.16
14			0.07				0.07
15			0.06	0.10			0.10
16			0.07	0.08			0.08
17			0.09				0.09
18			0.07				0.07
19			0.10	0.07	0.12	0.07	0.12
20	0.08			0.11	0.08	0.14	0.14
21			0.03	0.06			0.06
22			0.26	0.13	0.13		0.26
23			0.02	0.03	0.10	0.06	0.10
24	0.09		0.05	0.06	0.11	0.06	0.11
25	0.06	0.06	0.06	0.06	0.08	0.06	0.08
26	0.10	0.06	0.03	0.02	0.06	0.08	0.10
27	0.06	0.11	0.02	0.03	0.06	0.06	0.11
28	0.05	0.06	0.02	0.02	0.10	0.05	0.10
29	0.05	0.05	0.03	0.02	0.06	0.08	0.08
30	0.05	0.13	0.02	0.03	0.06	0.06	0.13

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

PRINTED NAME: Michael Bollweg
 SIGNATURE: *Michael Bollweg* DATE: 10.10.22
 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

System Name: City of Rogue River				ID#: 41-00712	Month/Year: Sept. 22	WTP - : Disinfection <i>Giardia</i> Log Inactive:	WTP-A 0.50
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Date / Time	LOW Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	LOW Temp [° C]	HIGH pH	Required CT formula	LOW Res Yes / No	HIGH Peak Hourly Demand Flow [GPM]
1	1.4	76	106	18.2	8.0	17	YES	745
2	1.5	76	114	18.2	8.1	18	YES	743
3	1.4	76	106	18.4	8.1	17	YES	730
4	1.6	76	122	18.1	8.2	18	YES	735
5	1.4	76	106	18.4	8.2	18	YES	743
6	1.3	76	99	18.3	7.8	15	YES	741
7	1.7	76	129	18.7	8.0	17	YES	728
8	1.5	76	114	18.0	8.1	18	YES	742
9								
10	1.6	76	122	17.8	7.6	15	YES	780
11	1.2	76	91	17.5	8.0	17	YES	795
12	1.2	76	91	16.6	8.0	18	YES	786
13	1.3	76	99	17.2	8.1	18	YES	786
14	1.4	76	106	17.4	8.2	19	YES	772
15	1.6	76	122	17.2	8.2	20	YES	766
16	1.1	76	84	17.0	8.2	19	YES	781
17	1.7	76	129	15.9	8.2	22	YES	761
18	1.8	76	137	15.1	8.1	22	YES	770
19	1.5	76	114	15.3	8.1	21	YES	782
20	0.8	76	61	16.5	8.1	18	YES	785
21	1.0	76	76	16.7	7.7	16	YES	779
22	0.9	76	68	16.8	8.1	18	YES	789
23	1.3	76	99	16.4	8.1	19	YES	791
24	1.1	76	84	15.1	8.1	21	YES	791
25	1.6	76	122	15.6	8.1	21	YES	798
26	1.6	76	122	15.0	8.1	22	YES	793
27	1.5	76	114	15.3	8.1	21	YES	785
28	1.6	76	122	15.5	8.1	21	YES	795
29	1.5	76	114	14.7	8.2	23	YES	789
30	1.6	76	122	14.1	8.2	24	YES	797

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