

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Dec-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	0.06	---	---	0.06	
2	---	---	0.05	0.12	0.14	0.15	0.15	
3	0.13	0.21	0.11	0.24	0.08	0.17	0.24	
4	0.10	0.07	0.11	0.08	0.10	0.08	0.11	
5	---	---	0.05	0.08	0.08	---	0.08	
6	0.10	---	0.06	0.07	0.06	0.06	0.10	
7	0.07	0.08	0.07	0.06	0.11	0.09	0.11	
8	---	---	---	---	---	---	0.00	
9	---	---	0.05	0.06	0.11	0.06	0.11	
10	0.06	0.05	0.05	0.06	0.05	0.13	0.13	
11	0.05	0.12	0.05	0.05	0.05	0.05	0.12	
12	0.06	0.06	0.06	0.06	0.09	0.05	0.09	
13	---	0.06	0.06	0.06	0.07	0.07	0.07	
14	0.07	---	0.08	0.08	0.08	0.09	0.09	
15	0.08	0.08	0.08	0.09	0.09	0.09	0.09	
16	0.09	0.09	0.09	0.09	0.10	0.08	0.10	
17	---	0.09	0.10	0.10	0.19	0.10	0.19	
18	---	0.10	0.11	0.11	0.11	0.14	0.14	
19	0.10	---	0.11	0.11	0.13	0.21	0.21	
20	0.11	---	0.11	0.12	0.12	0.11	0.12	
21	0.11	---	0.12	0.12	---	0.12	0.12	
22	0.12	---	0.13	0.13	0.13	---	0.13	
23	0.13	---	0.14	0.14	0.14	0.14	0.14	
24	0.15	---	0.15	0.15	0.16	---	0.16	
25	0.17	---	0.18	0.17	---	---	0.18	
26	---	---	---	---	---	---	0.00	
27	---	---	---	---	---	---	0.00	
28	---	---	---	---	---	---	0.00	
29	---	---	---	---	---	---	0.00	
30	---	---	---	---	---	---	0.00	
31	---	---	---	---	---	---	0.00	

Conventional or Direct Filtration

95% of 4-hour turbidity readings \leq 0.3 NTU?

Yes / No

All 4-hour turbidity readings \leq 1 NTU?

Yes / No

All turbidity readings < IFE² triggers

Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

Yes / No

All Cl₂ residual at entry point
 \geq 0.2 mg/l?

Yes / No

PRINTED NAME: Michael Bollweg

SIGNATURE: Michael Bollweg

DATE: 11.9.22

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:

Dec-22

Disinfection *Giardia*

Log Inactive:

0.5

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	1.5	76	114	9.8	7.6	26	YES	777
2	1.4	76	106	7.0	7.7	32	YES	765
3	1.4	76	106	8.4	7.6	28	YES	768
4	1.4	76	106	9.5	7.7	27	YES	782
5	1.0	76	76	9.0	7.7	26	YES	776
6	1.3	76	99	9.0	7.7	27	YES	772
7	1.5	76	114	7.3	7.7	31	YES	776
8								
9	1.4	76	106	8.5	7.7	29	YES	789
10	1.5	76	114	9.7	7.6	26	YES	787
11	1.4	76	106	8.8	7.7	28	YES	778
12	1.3	76	99	8.4	7.7	28	YES	790
13	1.3	76	99	9.1	7.7	27	YES	783
14	1.2	76	91	9.1	7.7	27	YES	781
15	1.1	76	84	8.1	7.7	28	YES	783
16	1.5	76	114	7.7	7.7	31	YES	779
17	1.3	76	99	7.5	7.7	30	YES	779
18	1.2	76	91	5.0	7.7	35	YES	789
19	1.3	76	99	5.8	7.7	34	YES	782
20	1.3	76	99	7.6	7.6	29	YES	786
21	1.2	76	91	7.5	7.7	30	YES	767
22	1.1	76	84	8.5	7.6	27	YES	780
23	1.2	76	91	9.5	7.6	25	YES	774
24	1.1	76	84	10.9	7.6	23	YES	774
25	0.9	76	68	11.0	7.6	22	YES	767
26								
27								
28								
29								
30								
31								

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