

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Feb-23

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 <sup>1</sup> [NTU]
1	---	---	---	---	---	---	0.00
2	---	---	---	---	---	---	0.00
3	---	---	---	---	---	---	0.00
4	---	---	---	---	---	---	0.00
5	---	---	---	---	---	---	0.00
6	---	---	---	---	0.18	---	0.18
7	---	---	---	0.14	0.15	---	0.15
8	---	---	0.09	0.08	0.10	0.09	0.10
9	0.13	0.09	0.13	0.08	---	0.10	0.13
10	0.12	0.14	0.10	0.10	0.11	0.11	0.14
11	0.08	0.12	0.08	0.12	0.12	0.06	0.12
12	0.11	0.12	---	0.11	0.06	0.14	0.14
13	0.12	---	0.12	0.04	0.07	0.05	0.12
14	---	---	0.07	0.09	0.07	0.10	0.10
15	0.11	---	0.09	0.09	0.08	---	0.11
16	0.12	0.11	0.07	0.11	0.08	---	0.12
17	0.14	0.09	0.10	0.05	0.08	0.10	0.14
18	0.05	---	0.11	0.05	---	---	0.11
19	0.10	---	0.17	0.06	0.08	0.14	0.17
20	0.11	---	0.12	0.09	0.06	0.13	0.13
21	---	---	0.08	0.09	0.12	0.09	0.12
22	---	---	0.16	0.08	0.08	0.14	0.16
23	0.11	0.09	0.12	0.10	0.12	0.15	0.15
24	---	---	0.15	0.14	0.10	0.28	0.28
25	0.09	0.08	0.12	0.09	0.12	---	0.12
26	0.09	0.06	0.16	0.13	0.07	0.24	0.24
27	0.29	---	0.13	---	0.27	0.12	0.29
28	---	---	---	---	---	---	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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
PRINTED NAME: Michael Bollweg		
SIGNATURE: <i>Michael Bollweg</i>		DATE: 3.6.23
PHONE #: ( 541 ) 415-1117		CERT #: 5296

<sup>1</sup> 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. <sup>2</sup> 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:	Feb-23	Disinfection <i>Giardia</i> Log Inactive:	0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1								
2								
3								
4								
5								
6	0.75	76	57	7.6	7.6	27	YES	769
7	1.20	76	91	8.8	7.6	26	YES	780
8	0.91	76	69	7.1	7.6	29	YES	778
9	1.29	76	98	6.4	7.6	31	YES	787
10	0.86	76	65	6.5	7.6	30	YES	782
11	1.13	76	86	7.6	7.6	28	YES	785
12	1.31	76	100	7.4	7.6	29	YES	785
13	1.02	76	78	7.3	7.6	29	YES	778
14	1.06	76	81	8.1	7.7	28	YES	782
15	1.22	76	93	8.0	7.6	28	YES	778
16	1.29	76	98	8.1	7.6	28	YES	776
17	1.16	76	88	6.9	7.6	30	YES	777
18	1.42	76	108	7.7	7.6	29	YES	787
19	1.27	76	97	8.2	7.6	28	YES	783
20	1.10	76	84	8.2	7.7	28	YES	776
21	0.87	76	66	8.1	7.6	27	YES	773
22	0.99	76	75	8.8	7.6	26	YES	788
23	0.93	76	71	9.1	7.6	25	YES	783
24	1.30	76	99	7.1	7.6	30	YES	781
25	1.22	76	93	8.0	7.7	29	YES	780
26	1.35	76	103	6.9	7.7	32	YES	777
27	1.15	76	87	6.9	7.7	31	YES	785
28								

<sup>3</sup> If Cl<sub>2</sub> 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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350