

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Jackson**

Conventional or Direct Filtration

Month/Year: **Mar-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	---	---	0.25	0.19	0.05	---	0.25
2	---	---	0.08	0.08	---	0.10	0.10
3	---	---	0.15	---	0.18	---	0.18
4	---	---	---	---	---	---	0.00
5	---	---	---	---	---	---	0.00
6	---	---	---	---	---	---	0.00
7	---	---	---	---	---	---	0.00
8	---	---	---	---	0.24	---	0.24
9	---	---	---	---	0.14	---	0.14
10	---	---	---	---	---	---	0.00
11	---	---	---	---	---	---	0.00
12	---	---	---	---	---	---	0.00
13	---	---	---	---	---	---	0.00
14	---	---	---	---	---	---	0.00
15	---	---	---	---	---	---	0.00
16	---	---	---	---	---	---	0.00
17	---	---	---	---	---	---	0.00
18	---	---	---	---	---	---	0.00
19	---	---	---	---	---	---	0.00
20	---	---	---	---	---	---	0.00
21	---	---	---	---	---	---	0.00
22	---	---	---	---	---	---	0.00
23	---	---	---	---	---	---	0.00
24	---	---	---	---	---	---	0.00
25	---	---	---	---	---	---	0.00
26	---	---	---	---	---	---	0.00
27	---	---	---	0.17	---	---	0.17
28	---	---	---	---	---	---	0.00
29	---	---	---	---	---	---	0.00
30	---	---	---	---	---	---	0.00
31	---	---	---	0.20	---	---	0.20

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

PRINTED NAME: <b>Michael Bollweg</b>	
SIGNATURE: <b>Michael Bollweg</b>	DATE: <b>4.10.23</b>
PHONE #: <b>( 541 ) 415-1117</b>	CERT #: <b>5296</b>

<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
Disinfection <i>Giardia</i> Log Inactive:	0.5

System Name: City of Rogue River ID#: 41-00712 Month/Year: Feb-23

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	1.00	76	76	7.0	7.5	28	YES	778
2	1.00	76	76	8.1	7.5	26	YES	785
3	1.00	76	76	8.1	7.8	29	YES	772
4								
5								
6								
7								
8	1.40	76	106	9.3	7.7	27	YES	769
9	1.30	76	99	8.6	7.7	28	YES	767
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27	1.34	76	102	10.9	7.5	23	YES	748
28								
29								
30								
31	1.11	76	84	10.8	7.7	24	YES	355

<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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350  
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