

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Apr-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 ¹ [NTU]
1	---	---	---	---	---	---	0.00
2	---	---	---	---	---	---	0.00
3	---	---	---	---	---	---	0.00
4	---	---	---	---	---	---	0.00
5	---	---	---	---	---	---	0.00
6	---	---	---	0.14	---	---	0.14
7	---	---	0.09	---	---	---	0.09
8	---	---	---	---	---	---	0.00
9	---	---	---	---	---	---	0.00
10	---	---	0.06	0.05	---	---	0.06
11	---	---	0.04	0.05	---	---	0.05
12	---	---	---	---	---	---	0.00
13	---	---	---	---	---	---	0.00
14	---	---	---	---	---	---	0.00
15	---	---	---	---	---	---	0.00
16	---	---	---	---	---	---	0.00
17	---	---	---	0.04	0.04	0.05	0.05
18	0.04	0.06	0.04	0.04	0.04	---	0.06
19	0.04	---	0.05	0.04	0.04	0.04	0.05
20	---	---	0.04	0.04	0.04	0.05	0.05
21	---	0.05	0.06	0.05	---	0.04	0.06
22	---	0.05	0.04	0.04	0.04	0.04	0.05
23	---	0.04	0.04	---	0.04	0.04	0.04
24	0.04	---	0.04	0.04	---	0.05	0.05
25	0.04	---	0.04	0.04	0.04	0.04	0.04
26	0.04	0.04	0.04	0.05	0.04	0.04	0.05
27	0.04	0.05	0.04	0.05	0.04	0.04	0.05
28	0.04	0.04	0.04	0.06	0.04	0.06	0.06
29	0.04	0.04	0.09	---	0.04	0.05	0.09
30	0.04	0.04	0.10	0.05	0.05	0.05	0.10

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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

	PRINTED NAME: Michael Bollweg
	SIGNATURE: <i>Michael Bollweg</i> DATE: 5.6.23
	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:

Apr-23

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								
2								
3								
4								
5								
6	1.23	76	93	9.9	7.4	23	YES	758
7	1.24	76	94	10.6	7.5	23	YES	776
8								
9								
10	0.99	76	75	11.2	7.5	21	YES	769
11	1.30	76	99	12.3	7.2	18	YES	787
12								
13								
14								
15								
16								
17	0.96	76	73	11.2	7.6	22	YES	785
18	1.27	76	97	9.5	7.6	25	YES	777
19	1.06	76	81	10.1	7.6	24	YES	776
20	1.14	76	87	11.1	7.6	22	YES	778
21	1.14	76	87	10.3	7.6	24	YES	785
22	1.19	76	90	10.4	7.5	23	YES	782
23	1.34	76	102	12.7	7.5	20	YES	776
24	1.16	76	88	13.6	7.5	18	YES	787
25	1.18	76	90	11.8	7.5	21	YES	782
26	1.19	76	90	12.3	7.6	21	YES	789
27	1.31	76	100	14.1	7.6	19	YES	783
28	1.24	76	94	15.2	7.6	17	YES	781
29	1.30	76	99	15.7	7.5	16	YES	784
30	1.29	76	98	16.2	7.5	16	YES	787

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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