

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: May-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	0.05	0.05	0.04	0.04	0.05	0.05	0.05
2	0.05	0.05	0.05	---	---	---	0.05
3	---	---	---	---	---	---	0.00
4	---	---	---	---	---	---	0.00
5	---	---	---	---	---	---	0.00
6	---	---	---	---	---	---	0.00
7	---	---	---	---	---	---	0.00
8	---	---	---	---	---	---	0.00
9	---	---	---	---	---	---	0.00
10	---	---	---	---	---	---	0.00
11	---	---	---	---	---	---	0.00
12	---	---	---	---	---	---	0.00
13	---	---	---	---	---	---	0.00
14	---	---	---	---	---	---	0.00
15	---	---	---	---	---	---	0.00
16	---	---	---	---	---	0.04	0.04
17	---	---	---	0.04	0.04	0.04	0.04
18	0.04	0.03	0.04	0.04	0.04	0.04	0.04
19	0.07	0.05	0.04	0.04	0.04	0.05	0.07
20	0.05	---	0.09	0.05	0.05	0.04	0.09
21	0.04	0.05	---	0.05	0.04	0.05	0.05
22	0.04	0.05	0.05	0.04	0.05	0.04	0.05
23	0.05	0.05	0.05	0.04	0.05	0.05	0.05
24	0.05	0.05	0.04	0.05	0.05	0.04	0.05
25	0.05	0.05	0.05	0.04	0.05	0.04	0.05
26	0.05	0.05	0.04	0.05	0.04	0.04	0.05
27	0.04	0.05	0.05	0.05	0.04	0.04	0.05
28	0.05	0.05	0.05	0.05	---	---	0.05
29	---	---	0.05	0.05	0.05	0.05	0.05
30	---	---	0.04	0.04	0.04	0.04	0.04
31	0.04	0.04	0.04	0.04	0.04	0.04	0.04

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)
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
		<input checked="" type="radio"/> Yes / <input type="radio"/> No

PRINTED NAME: Michael Bollweg	
SIGNATURE: <i>Michael Bollweg</i>	DATE:
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 Efl. (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: May-23	WTP - : Disinfection <i>Giardia</i> Log Inactive:	WTP-A 0.5
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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	1.06	76	81	13.2	7.5	19	YES	784
2	1.23	76	93	13.3	7.4	18	YES	782
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16	1.15	76	87	15.5	7.3	15	YES	794
17	1.34	76	102	15.0	7.0	14	YES	612
18	1.26	76	96	14.8	7.5	17	YES	616
19	1.25	76	95	15.1	7.5	17	YES	612
20	1.44	76	109	17.8	7.5	14	YES	603
21	1.46	76	111	16.3	7.6	16	YES	609
22	1.20	76	91	14.3	7.6	18	YES	618
23	0.89	76	68	13.6	7.6	18	YES	611
24	1.27	76	97	13.5	7.6	19	YES	611
25	1.20	76	91	15.2	7.6	17	YES	610
26	1.07	76	81	15.9	7.7	17	YES	613
27	1.16	76	88	15.6	7.7	17	YES	619
28	1.04	76	79	15.4	7.7	17	YES	612
29	1.45	76	110	16.1	7.6	17	YES	610
30	1.56	76	119	16.0	7.6	17	YES	601
31	1.36	76	103	15.1	7.7	18	YES	619

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