

**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Jackson**  
 Month/Year: **Sep-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	0.06	0.06	0.07	0.07	0.06	---	0.07	
2	---	---	0.07	---	---	---	0.07	
3	---	---	---	0.08	0.09	0.09	0.09	
4	0.07	0.07	0.09	0.08	0.08	0.08	0.09	
5	0.09	0.10	0.10	0.10	0.11	0.11	0.11	
6	0.11	0.11	0.11	0.18	0.03	0.03	0.18	
7	0.03	0.03	0.05	0.03	0.03	---	0.05	
8	0.03	0.03	0.07	0.03	0.02	0.03	0.07	
9	0.03	0.03	0.03	---	0.03	0.03	0.03	
10	---	---	0.05	0.03	0.03	0.03	0.05	
11	0.03	0.03	0.05	0.03	0.03	0.03	0.05	
12	0.03	0.04	0.06	0.03	0.03	0.03	0.06	
13	0.03	0.04	0.04	0.04	0.04	0.03	0.04	
14	0.03	0.03	0.05	0.04	0.04	---	0.05	
15	0.06	0.05	0.04	0.04	0.04	0.04	0.06	
16	0.05	0.05	0.04	0.04	---	0.05	0.05	
17	0.05	0.05	0.06	0.05	0.05	0.05	0.06	
18	0.05	0.06	0.06	0.05	0.06	0.06	0.06	
19	0.06	0.06	0.06	0.07	0.07	---	0.07	
20	0.07	0.08	0.09	0.09	0.09	0.09	0.09	
21	0.09	---	0.10	0.10	0.10	0.10	0.10	
22	0.11	0.10	0.11	0.10	0.11	0.11	0.11	
23	0.11	0.12	0.12	0.13	0.13	0.13	0.13	
24	0.14	0.13	0.14	0.14	0.13	0.14	0.14	
25	0.14	0.15	0.15	0.15	---	---	0.15	
26	---	---	0.13	0.13	---	---	0.13	
27	---	---	---	---	0.05	0.24	0.24	
28	0.03	0.03	0.04	0.03	0.03	0.04	0.04	
29	---	0.03	0.04	0.04	---	0.03	0.04	
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <span style="float:right">Yes / No</span>	CT's met everyday? (see back) <span style="float:right">Yes / No</span>	All Cl2 residual at entry point ≥ 0.2 mg/l? <span style="float:right">Yes / No</span>
All 4-hour turbidity readings ≤ 1 NTU? <span style="float:right">Yes / No</span>	<span style="float:right">Yes / No</span>	<span style="float:right">Yes / No</span>
All turbidity readings < IFE <sup>2</sup> triggers <span style="float:right">Yes / No</span>	<span style="float:right">Yes / No</span>	<span style="float:right">Yes / No</span>
PRINTED NAME: Michael Bollweg		DATE: 10/4/23
SIGNATURE: Michael Bollweg		CERT #: 5296
PHONE #: ( 541 ) 415-1117		

<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

System Name: City of Rogue River				ID#: 41-00712	Month/Year: Sep-23	WTP - : Disinfection <i>Giardia</i> Log Inactive:	WTP-A 0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.10	76	84	17.5	7.9	16	YES	752
2	1.23	76	93	18.0	7.1	12	YES	724
3	0.70	76	53	17.4	7.9	16	YES	748
4	1.16	76	88	17.0	8.0	17	YES	752
5	1.17	76	89	17.6	8.0	17	YES	731
6	0.86	76	65	17.4	8.1	17	YES	744
7	1.43	76	109	17.9	8.1	18	YES	736
8	1.20	76	91	18.2	8.1	17	YES	740
9	1.18	76	90	18.1	8.1	17	YES	750
10	1.11	76	84	18.1	8.0	16	YES	741
11	1.12	76	85	17.3	8.1	18	YES	732
12	1.38	76	105	17.9	8.2	18	YES	751
13	1.39	76	106	17.3	8.2	19	YES	751
14	1.29	76	98	17.6	8.2	18	YES	750
15	1.39	76	106	17.7	8.3	19	YES	737
16	1.51	76	115	17.3	8.2	19	YES	744
17	1.48	76	112	17.0	8.3	21	YES	739
18	1.25	76	95	17.6	8.3	19	YES	737
19	1.49	76	113	16.9	8.2	20	YES	743
20	1.55	76	118	15.8	8.3	22	YES	753
21	1.40	76	106	14.5	8.2	23	YES	736
22	1.14	76	87	13.9	8.3	24	YES	737
23	1.25	76	95	14.3	8.3	24	YES	740
24	1.21	76	92	14.2	8.2	23	YES	737
25	1.32	76	100	12.9	8.0	23	YES	745
26	0.91	76	69	14.2	8.0	20	YES	739
27	1.21	76	92	16.1	8.2	20	YES	725
28	1.52	76	116	13.9	8.2	24	YES	730
29	1.61	76	122	14.4	8.2	24	YES	729
30	0.89	76	68	14.2	8.2	22	YES	745

<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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