

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Jackson**

Conventional or Direct Filtration

Month/Year: **Oct-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	0.21	0.03	0.03	0.03	0.03	0.03	0.21
2	---	0.03	0.04	0.03	0.03	0.03	0.04
3	0.04	0.10	0.07	0.04	0.03	0.04	0.10
4	---	0.04	0.05	0.04	0.04	---	0.05
5	0.04	0.04	0.05	0.04	0.04	0.04	0.05
6	0.05	---	0.07	0.05	0.04	0.04	0.07
7	---	0.04	0.06	0.04	0.04	---	0.06
8	---	0.04	0.10	0.04	0.04	0.04	0.10
9	---	0.05	0.04	0.04	0.04	0.05	0.05
10	---	0.08	0.07	0.06	0.04	0.05	0.08
11	---	0.06	0.06	0.05	0.05	0.05	0.06
12	0.05	0.05	0.06	0.05	0.05	---	0.06
13	---	---	0.09	0.06	0.05	0.05	0.09
14	0.05	---	0.14	0.08	0.05	0.05	0.14
15	0.07	---	0.16	0.05	0.05	0.06	0.16
16	0.07	0.09	0.11	0.09	0.05	0.10	0.11
17	0.11	0.10	0.02	0.07	0.06	0.10	0.11
18	0.17	0.11	---	0.20	0.05	0.12	0.20
19	0.16	0.20	0.18	0.12	0.04	0.09	0.20
20	---	0.11	---	0.05	0.04	0.15	0.15
21	0.05	0.05	0.05	0.04	0.04	0.05	0.05
22	0.06	0.05	0.05	0.05	0.04	0.06	0.06
23	0.05	---	0.06	0.05	0.08	0.05	0.08
24	---	0.05	0.06	0.05	0.05	0.07	0.07
25	0.06	0.10	0.06	0.06	0.05	0.05	0.10
26	0.06	0.05	0.10	0.05	0.05	0.05	0.10
27	0.05	0.06	0.05	0.08	0.05	0.05	0.08
28	0.05	0.05	0.08	0.05	0.05	0.05	0.08
29	---	0.05	0.07	0.05	---	0.06	0.07
30	0.06	0.07	0.06	0.08	0.05	0.06	0.08
31	0.07	0.06	0.10	0.05	0.05	0.06	0.10

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

PRINTED NAME: Michael Bollweg	
SIGNATURE: <i>Michael Bollweg</i>	DATE: <i>11.9.23</i>
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

System Name: City of Rogue River				ID#: 41-00712	Month/Year: Oct-23	WTP - : Disinfection Giardia Log Inactive:	WTP-A 0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1.16	76	88	12.8	8.1	24	YES	738
2	1.23	76	93	13.5	8.1	23	YES	734
3	1.23	76	93	12.7	8.1	24	YES	743
4	1.61	76	122	13.5	8.0	23	YES	737
5	1.78	76	135	14.1	8.1	24	YES	749
6	1.43	76	109	14.6	8.1	22	YES	735
7	1.48	76	112	13.9	8.1	23	YES	740
8	1.58	76	120	14.1	8.2	24	YES	744
9	1.59	76	121	14.8	8.1	22	YES	729
10	1.35	76	103	12.6	8.0	24	YES	745
11	1.36	76	103	12.6	8.0	24	YES	727
12	1.30	76	99	12.3	8.0	24	YES	740
13	1.50	76	114	11.9	8.0	25	YES	733
14	1.42	76	108	10.9	8.0	27	YES	737
15	1.34	76	102	11.7	8.2	27	YES	726
16	1.77	76	135	12.8	8.1	25	YES	733
17	1.68	76	128	11.6	8.1	28	YES	732
18	1.77	76	135	12.4	8.0	26	YES	738
19	1.48	76	112	11.4	8.1	27	YES	728
20	1.43	76	109	12.1	8.2	27	YES	743
21	1.58	76	120	11.9	8.3	29	YES	744
22	1.52	76	116	12.6	8.4	28	YES	748
23	1.50	76	114	12.0	8.3	28	YES	745
24	1.68	76	128	11.0	8.1	29	YES	742
25	1.65	76	125	10.4	8.2	31	YES	747
26	1.54	76	117	10.6	8.2	30	YES	730
27	1.81	76	138	9.2	8.2	35	YES	749
28	1.78	76	135	8.5	8.2	36	YES	737
29	2.00	76	152	7.3	8.2	40	YES	737
30	1.78	76	135	7.4	8.2	38	YES	740
31	1.58	76	120	8.7	8.2	34	YES	741

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