

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Nov-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	0.07	0.07	0.05	0.07	0.06	0.07	
2	---	---	0.07	0.05	0.06	0.05	0.07	
3	0.07	0.06	0.06	0.06	0.05	0.07	0.07	
4	0.07	0.11	0.10	0.08	0.07	0.08	0.11	
5	0.11	0.10	0.19	0.09	0.06	0.11	0.19	
6	0.09	0.09	0.09	0.08	0.06	0.09	0.09	
7	0.14	---	0.14	---	0.17	---	0.17	
8	---	---	---	0.21	0.03	0.04	0.21	
9	---	0.06	0.06	0.13	0.03	0.05	0.13	
10	---	0.09	0.07	0.03	0.03	0.10	0.10	
11	0.04	0.05	0.04	0.03	0.03	0.04	0.05	
12	0.05	0.03	0.04	0.03	0.03	0.05	0.05	
13	0.05	0.05	0.04	0.05	0.03	0.05	0.05	
14	0.04 <sup>2</sup>	0.04	0.05	---	0.03	0.06	0.06	
15	0.05	0.06	0.04	0.04	0.03	0.08	0.08	
16	0.04	0.03	0.04	0.03	0.03	0.05	0.05	
17	0.07	0.04	0.05	0.03	0.04	0.06	0.07	
18	0.05	0.08	0.03	0.03	0.04	---	0.08	
19	---	---	---	---	---	---	0.00	
20	---	---	0.03	0.03	0.03	0.05	0.05	
21	0.03	0.03	0.04	0.05	---	---	0.05	
22	0.04	0.04	0.06	0.04	0.05	0.05	0.06	
23	---	---	0.05	0.03	0.04	0.05	0.05	
24	0.07	---	0.04	0.04	0.05	---	0.07	
25	---	0.11	0.07	---	0.10	0.08	0.11	
26	---	---	0.13	0.04	0.06	0.05	0.13	
27	---	0.06	0.04	0.04	0.05	0.07	0.07	
28	0.09	0.06	0.05	0.05	0.04	0.09	0.09	
29	0.06	0.11	0.08	0.04	0.04	0.07	0.11	
30	0.11	0.06	0.09	0.05	0.04	0.06	0.11	

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 Cl <sub>2</sub> 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 <sup>2</sup> triggers	Yes / No		
		PRINTED NAME: Michael Bollweg	
		SIGNATURE: Michael Bollweg	DATE: 12.7.23
		PHONE #: ( 541 ) 415-1117	CERT #: 5296

<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

System Name:	City of Rogue River	ID#: 41-00712	Month/Year:	Nov-23	Disinfection <i>Giardia</i> Log Inactive:	0.5
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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	1.76	76	134	9.3	8.1	33	YES	739
2	0.96	76	73	10.4	7.9	26	YES	745
3	1.00	76	76	10.0	8.0	27	YES	758
4	1.15	76	87	10.7	7.9	26	YES	752
5	1.24	76	94	11.3	8.0	26	YES	742
6	1.28	76	97	11.1	7.9	26	YES	748
7	1.36	76	103	11.2	8.0	26	YES	731
8	1.42	76	108	10.4	8.0	28	YES	740
9	1.44	76	109	9.4	8.0	30	YES	748
10	1.78	76	135	8.9	8.0	33	YES	741
11	1.68	76	128	10.2	8.0	29	YES	746
12	1.23	76	93	9.8	8.0	29	YES	752
13	1.10	76	84	9.6	8.0	28	YES	740
14	1.26	76	96	10.3	8.0	28	YES	741
15	1.43	76	109	10.3	8.0	28	YES	756
16	1.40	76	106	10.7	8.0	27	YES	742
17	1.47	76	112	10.4	8.0	28	YES	752
18	1.00	76	76	9.8	8.0	27	YES	748
19								
20	0.93	76	71	8.3	8.0	31	YES	746
21	1.04	76	79	7.7	8.0	33	YES	739
22	1.17	76	89	8.0	8.0	32	YES	741
23	1.41	76	107	9.4	8.0	30	YES	752
24	1.71	76	130	8.0	8.0	35	YES	741
25	1.62	76	123	6.4	8.0	37	YES	745
26	1.45	76	110	6.1	8.0	38	YES	748
27	1.35	76	103	5.6	8.1	39	YES	751
28	1.45	76	110	5.3	8.0	40	YES	745
29	1.55	76	118	5.4	8.1	41	YES	758
30	1.51	76	115	5.9	8.1	39	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