



OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

WTP-A

System Name:

City of Rogue River

ID#: 41-00712

Month/Year:

Feb-24

Disinfection *Giardia*  
Log Inactive:

0.5

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								Off
2								Off
3								Off
4								Off
5								Off
6								Off
7								Off
8	1.15	76	87	11.0	7.5	22	YES	738
9	0.98	76	74	9.3	7.6	25	YES	745
10	1.28	76	97	9.5	7.6	25	YES	725
11	11.40	76	866	9.3	7.6	86	YES	757
12	1.00	76	76	9.1	7.6	25	YES	756
13	1.22	76	93	9.1	7.7	27	YES	735
14	1.44	76	109	10.1	7.7	26	YES	754
15	1.30	76	99	9.3	7.6	26	YES	745
16	1.36	76	103	11.0	7.6	23	YES	703
17								Off
18								Off
19								Off
20								Off
21								Off
22	1.54	76	117	10.9	7.4	22	YES	752
23	1.40	76	106	10.2	7.7	25	YES	738
24	1.55	76	118	9.2	7.7	28	YES	749
25	1.67	76	127	9.3	7.6	27	YES	741
26	1.32	76	100	9.4	7.7	27	YES	740
27	1.29	76	98	8.8	7.7	28	YES	752
28	1.43	76	109	8.6	7.6	27	YES	755
29	1.44	76	109	8.4	7.6	28	YES	757

<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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350