

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Apr-24

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	---	---	---	---	---	---	0.00
2	---	---	---	---	---	---	0.00
3	---	---	---	---	---	---	0.00
4	---	---	---	---	---	---	0.00
5	---	---	---	---	---	---	0.00
6	---	---	---	---	---	---	0.00
7	---	---	---	---	---	---	0.00
8	---	---	---	0.28	---	---	0.28
9	---	---	---	0.22	0.10	---	0.22
10	---	---	---	0.06	0.06	0.07	0.11
11	---	0.09	0.19	0.09	0.06	0.06	0.25
12	0.06	---	0.21	0.09	0.06	0.06	0.21
13	0.07	0.16	0.25	---	---	---	0.25
14	---	---	---	---	---	---	0.00
15	---	---	---	---	---	---	0.00
16	---	---	---	---	---	---	0.00
17	---	---	---	---	---	---	0.00
18	---	---	---	---	---	---	0.00
19	---	---	---	0.14	0.06	0.06	0.14
20	0.08	---	0.15	0.12	0.06	0.07	0.15
21	0.08	---	---	0.06	0.02	0.03	0.13
22	0.02	0.10	0.19	0.04	0.02	0.02	0.19
23	0.05	0.09	---	0.05	0.02	0.02	0.09
24	0.02	0.12	0.14	0.03	0.04	0.02	0.14
25	0.03	0.10	---	---	0.03	0.03	0.10
26	0.06	0.21	---	0.06	---	0.02	0.21
27	0.04	0.05	0.10	0.03	0.03	0.03	0.10
28	0.03	0.08	0.03	0.03	0.03	0.03	0.08
29	0.04	0.03	0.08	0.02	0.11	0.03	0.11
30	---	---	---	---	---	---	0.00

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) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
All 4-hour turbidity readings ≤ 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		

PRINTED NAME: Michael Bollweg	
SIGNATURE: <i>Michael Bollweg</i>	DATE: 5.9.24
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: Apr-24	WTP - : Disinfection Giardia 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								Off
2								Off
3								Off
4								Off
5								Off
6								Off
7								Off
8	2.13	76	162	12.8	7.8	24	YES	745
9	2.06	76	157	13.1	7.6	22	YES	711
10	1.03	76	78	13.0	7.8	21	YES	728
11	1.31	76	100	13.0	8.0	23	YES	724
12	1.24	76	94	13.2	8.0	23	YES	720
13	1.76	76	134	12.4	8.0	26	YES	725
14								Off
15								Off
16								Off
17								Off
18								Off
19	1.58	76	120	12.1	8.0	25	YES	730
20	1.39	76	106	13.2	8.1	24	YES	727
21	1.19	76	90	12.2	8.1	25	YES	731
22	1.36	76	103	13.6	8.3	25	YES	733
23	1.52	76	116	12.7	8.1	25	YES	727
24	1.44	76	109	14.4	8.3	24	YES	720
25	1.36	76	103	14.4	8.9	30	YES	725
26	1.21	76	92	13.2	8.0	23	YES	723
27	1.28	76	97	12.1	8.1	26	YES	717
28	1.18	76	90	12.7	8.0	23	YES	722
29	1.48	76	112	13.8	8.1	23	YES	723
30								Off

³ If Cl₂ 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