

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: May-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	---	---	---	---	---	---	0.00	
9	---	---	0.09	0.21	0.22	0.07	0.22	
10	---	---	---	---	---	0.12	0.12	
11	0.11	0.17	---	0.26	---	---	0.26	
12	---	---	---	---	---	---	0.00	
13	---	---	0.08	---	---	---	0.08	
14	---	---	---	---	---	---	0.00	
15	---	---	---	---	---	---	0.00	
16	---	---	---	---	---	---	0.00	
17	---	---	---	---	---	---	0.00	
18	---	---	---	---	---	---	0.00	
19	---	---	0.21	---	0.16	0.05	0.21	
20	0.16	0.22	0.20	0.17	0.14	0.07	0.22	
21	0.17	0.15	0.08	---	---	---	0.17	
22	---	---	---	---	---	---	0.00	
23	---	---	---	---	0.12	0.06	0.12	
24	0.05	0.12	0.12	0.26	0.18	0.02	0.26	
25	0.06	0.04	0.06	0.03	0.02	0.01	0.06	
26	0.02	0.03	0.03	0.05	0.02	0.03	0.05	
27	0.03	0.03	0.03	0.02	0.02	0.01	0.03	
28	0.02	0.02	0.02	0.03	0.02	0.02	0.03	
29	0.01	0.02	0.03	0.02	0.01	0.01	0.03	
30	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
31	0.02	0.02	0.02	0.02	0.02	0.01	0.02	

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
			PRINTED NAME: Michael Bollweg	
			SIGNATURE: <i>Michael Bollweg</i>	DATE: 6.10.24
			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

				WTP - :		WTP-A	
System Name: City of Rogue River		ID#: 41-00712	Month/Year: May-24		Disinfection Giardia Log Inactive:		0.5

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								Off
9	1.46	76	111	14.3	7.6	19	YES	750
10	1.24	76	94	15.0	7.5	17	YES	733
11	1.40	76	106	14.2	7.6	19	YES	725
12								Off
13	1.38	76	105	15.3	7.4	16	YES	748
14								Off
15								Off
16								Off
17								Off
18								Off
19	1.04	76	79	15.5	7.6	17	YES	724
20	1.26	76	96	13.8	7.7	20	YES	734
21	1.36	76	103	14.2	7.5	18	YES	714
22								Off
23	1.07	76	81	13.9	7.6	18	YES	723
24	1.05	76	80	14.2	7.8	19	YES	727
25	1.07	76	81	14.4	7.9	20	YES	734
26	1.23	76	93	14.3	7.9	20	YES	725
27	1.13	76	86	15.3	7.9	19	YES	727
28	1.15	76	87	15.7	7.9	18	YES	734
29	1.14	76	87	14.9	7.9	19	YES	727
30	1.12	76	85	14.7	8.0	20	YES	735
31	1.09	76	83	15.0	7.9	19	YES	728

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