

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Jackson**

Conventional or Direct Filtration

Month/Year: **Jun-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	0.02	0.02	0.02	0.02	0.02	0.01	0.02	
2	0.02	0.02	0.02	---	0.02	0.02	0.02	
3	0.02	0.02	0.03	0.02	0.02	0.02	0.03	
4	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
5	0.02	0.02	0.02	0.05	0.02	0.02	0.05	
6	0.02	0.02	0.02	0.04	0.02	0.07	0.07	
7	0.09	0.15	0.15	0.03	0.02	0.02	0.15	
8	0.05	0.10	0.12	0.07	0.05	0.02	0.12	
9	0.02	0.02	0.03	0.03	0.02	0.02	0.03	
10	0.06	0.09	0.07	0.02	0.02	0.03	0.09	
11	0.03	0.02	0.02	---	0.04	0.02	0.04	
12	0.03	0.02	0.09	0.10	0.05	0.03	0.10	
13	---	---	0.10	0.06	0.07	0.02	0.10	
14	0.02	0.05	0.11	0.05	0.07	0.02	0.11	
15	0.02	---	0.02	0.06	0.02	0.02	0.06	
16	0.03	0.04	0.07	0.06	0.03	0.03	0.07	
17	0.03	0.04	0.03	0.04	0.03	0.04	0.04	
18	0.03	0.05	0.17	0.08	0.25	0.07	0.25	
19	---	0.08	0.27	0.09	0.29	0.13	0.29	
20	0.09	0.06	---	0.04	0.28	0.24	0.28	
21	0.03	0.02	0.02	---	---	---	0.03	
22	0.02	---	---	---	---	0.03	0.03	
23	0.02	---	0.09	---	0.06	0.02	0.09	
24	0.03	0.05	0.09	---	0.03	0.02	0.09	
25	---	---	---	---	---	---	0.00	
26	0.05	0.03	0.08	0.10	0.02	0.02	0.10	
27	0.03	0.04	0.04	0.05	0.04	0.03	0.05	
28	0.06	0.08	0.02	0.01	0.04	0.01	0.08	
29	0.02	0.03	0.03	0.03	0.02	0.02	0.03	
30	0.04	0.03	0.02	0.02	0.01	0.03	0.04	

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No Yes	CT's met everyday? (see back)	Yes / No Yes
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No Yes		
All turbidity readings < IFE ² triggers	Yes / No Yes		
		PRINTED NAME: Michael Bollweg SIGNATURE: <i>Michael Bollweg</i> DATE: <i>7.11.24</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: Jun-24		WTP - :	
								Disinfection Giardia Log Inactive:	WTP-A
									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	1.09	76	83	15.7	7.6	16	YES	732
2	1.53	76	116	16.8	7.6	16	YES	740
3	1.26	76	96	14.7	7.5	17	YES	741
4	1.25	76	95	16.5	7.7	16	YES	725
5	1.25	76	95	17.1	7.6	15	YES	726
6	1.26	76	96	17.4	7.6	15	YES	719
7	1.08	76	82	16.7	7.6	15	YES	726
8	1.35	76	103	16.8	7.5	15	YES	725
9	1.32	76	100	16.7	7.7	16	YES	727
10	1.08	76	82	15.9	7.7	17	YES	736
11	1.13	76	86	16.9	7.6	15	YES	724
12	1.15	76	87	16.4	7.7	16	YES	728
13	1.46	76	111	15.5	7.6	17	YES	718
14	1.14	76	87	15.5	7.6	17	YES	734
15	1.21	76	92	15.8	7.6	16	YES	720
16	1.23	76	93	14.7	7.7	18	YES	726
17	1.09	76	83	14.2	7.8	19	YES	735
18	1.33	76	101	14.9	7.6	18	YES	721
19	1.38	76	105	15.4	7.7	18	YES	724
20	0.82	76	62	16.8	7.6	15	YES	720
21	0.76	76	58	16.6	7.7	15	YES	717
22	1.12	76	85	16.6	7.3	14	YES	716
23	1.06	76	81	16.2	7.6	16	YES	720
24	1.10	76	84	16.6	7.6	15	YES	725
25								Off
26	1.12	76	85	16.5	7.9	18	YES	724
27	1.23	76	93	16.5	7.7	17	YES	728
28	1.38	76	105	17.0	7.9	17	YES	737
29	1.21	76	92	17.0	7.9	17	YES	720
30	1.15	76	87	17.1	7.7	16	YES	719

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