

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Jackson**

Conventional or Direct Filtration

Month/Year: **Jul-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	0.03	0.01	0.01	0.03
2	---	0.06	0.10	0.02	0.05	0.07	0.10
3	0.04	0.04	0.05	0.04	0.05	0.05	0.05
4	---	0.11	0.13	0.05	0.08	0.04	0.13
5	0.08	0.04	0.05	0.11	0.07	0.05	0.11
6	0.05	0.09	0.23	0.12	0.06	0.07	0.23
7	0.04	0.05	0.06	0.16	0.06	0.04	0.16
8	0.04	0.04	0.06	0.04	---	0.04	0.06
9	0.04	0.05	0.05	0.04	0.05	0.05	0.05
10	0.05	0.05	0.08	0.12	0.05	0.04	0.12
11	0.05	0.05	0.12	0.05	0.05	0.05	0.12
12	0.02	0.03	0.04	0.02	0.02	0.02	0.04
13	0.10	0.22	0.22	0.09	0.07	0.05	0.22
14	0.07	0.13	0.12	---	0.06	0.06	0.13
15	0.03	0.08	0.11	0.18	0.07	---	0.18
16	---	---	---	0.03	0.04	0.03	0.04
17	0.03	0.03	0.08	0.02	0.02	0.02	0.08
18	0.02	0.03	0.05	0.04	0.02	0.03	0.05
19	0.04	0.03	0.08	0.03	0.02	0.04	0.08
20	0.05	---	0.04	0.02	0.01	0.02	0.05
21	0.02	0.05	0.04	0.02	0.02	0.02	0.05
22	0.02	0.02	0.03	0.02	0.02	0.02	0.03
23	0.07	0.07	0.12	0.13	0.09	0.11	0.13
24	---	0.03	0.04	0.03	0.02	0.02	0.04
25	---	0.03	0.04	0.03	0.02	0.03	0.04
26	0.14	0.03	0.14	0.04	0.02	0.03	0.14
27	0.03	0.07	0.05	0.04	0.02	0.03	0.07
28	0.03	0.03	0.04	0.02	0.03	0.03	0.04
29	0.02	0.03	0.10	---	0.02	---	0.10
30	---	---	0.04	0.03	0.03	0.03	0.04
31	0.03	---	---	0.03	0.03	0.03	0.03

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 Cl2 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 ² triggers	Yes/No		

PRINTED NAME: Michael Bollweg
 SIGNATURE: *Michael Bollweg* DATE: **8/9/24**
 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: Jul-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	1.11	76	84	17.6	7.7	15	YES	727
2	1.39	76	106	18.1	7.7	15	YES	728
3	1.48	76	112	17.9	7.7	15	YES	722
4	1.52	76	116	17.7	7.6	15	YES	733
5	1.42	76	108	17.7	7.5	14	YES	722
6	1.47	76	112	17.9	7.5	14	YES	731
7	1.42	76	108	18.0	7.5	14	YES	720
8	1.48	76	112	17.7	7.6	15	YES	728
9	1.34	76	102	17.3	7.7	16	YES	721
10	1.36	76	103	18.4	7.6	14	YES	715
11	1.30	76	99	18.4	7.6	14	YES	727
12	0.51	76	39	18.4	7.6	13	YES	734
13	1.74	76	132	18.3	7.6	15	YES	725
14	1.80	76	137	18.5	7.6	15	YES	734
15	1.30	76	99	18.4	7.6	14	YES	726
16	1.18	76	90	18.4	7.6	14	YES	724
17	1.30	76	99	17.2	7.6	15	YES	728
18	0.82	76	62	17.7	7.6	14	YES	724
19	1.28	76	97	18.4	7.6	14	YES	727
20	1.30	76	99	18.5	7.6	14	YES	728
21	1.27	76	97	18.5	7.7	14	YES	728
22	1.08	76	82	18.8	7.6	13	YES	725
23	1.14	76	87	18.4	8.0	16	YES	716
24	1.21	76	92	18.3	7.7	15	YES	724
25	1.27	76	97	19.1	7.7	14	YES	728
26	0.97	76	74	18.6	7.7	14	YES	730
27	0.93	76	71	18.7	7.8	14	YES	724
28	0.93	76	71	18.7	7.9	15	YES	721
29	1.75	76	133	19.0	7.8	15	YES	709
30	1.72	76	131	19.0	7.8	15	YES	726
31	1.25	76	95	20.0	7.8	14	YES	722

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