

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Sep-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	0.03	0.02	0.05	0.04	0.02	0.05	
2	0.03	0.03	0.03	0.03	0.02	0.02	0.03	
3	0.02	0.02	---	---	0.02	0.02	0.02	
4	0.02	---	0.02	0.02	0.02	0.02	0.02	
5	0.03	---	0.04	0.02	0.02	0.02	0.04	
6	0.02	0.02	0.04	0.08	0.02	0.02	0.08	
7	0.02	0.03	0.03	0.03	0.03	0.02	0.03	
8	---	---	---	---	---	---	0.00	
9	---	---	---	---	0.03	0.03	0.03	
10	0.03	0.03	0.03	0.03	0.03	0.29	0.29	
11	0.03	0.03	0.04	0.03	0.14	0.03	0.14	
12	0.03	0.11	0.03	0.05	0.28	0.02	0.28	
13	0.25	0.25	0.23	0.02	0.18	---	0.25	
14	---	---	---	---	---	---	0.00	
15	---	---	0.09	0.03	0.17	0.03	0.17	
16	0.03	0.02	0.03	0.03	0.02	0.02	0.03	
17	0.02	0.03	0.02	0.02	0.03	0.03	0.03	
18	0.03	0.02	0.03	0.02	0.03	0.03	0.03	
19	0.03	0.03	0.02	0.02	0.02	0.03	0.03	
20	0.03	0.03	0.03	0.02	0.03	0.03	0.03	
21	0.03	0.03	0.02	0.02	0.03	0.03	0.03	
22	0.03	0.03	0.03	0.02	0.03	0.02	0.03	
23	0.03	0.02	0.02	---	0.02	0.02	0.03	
24	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
25	0.03	0.02	0.02	0.02	0.03	0.03	0.03	
26	0.03	0.05	0.03	0.03	0.03	0.02	0.05	
27	0.03	0.03	0.03	0.02	0.02	---	0.03	
28	0.02	0.06	0.03	0.02	0.02	0.02	0.06	
29	0.03	0.02	0.02	0.03	0.02	0.02	0.03	
30	0.03	0.02	0.04	0.03	0.02	0.09	0.09	

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: 10.9.24 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: Sep-24		WTP - : Disinfection <i>Giardia</i> 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	1.16	76	88	18.4	7.8	15	YES	727
2	1.35	76	103	18.9	7.8	15	YES	718
3	1.55	76	118	19.5	7.8	15	YES	723
4	1.38	76	105	18.0	7.8	15	YES	720
5	1.30	76	99	18.1	7.8	15	YES	721
6	1.41	76	107	18.4	7.8	15	YES	722
7	1.22	76	93	19.1	7.8	14	YES	722
8								Off
9	1.48	76	112	18.8	7.8	15	YES	664
10	1.24	76	94	18.1	7.8	15	YES	657
11	1.48	76	112	17.1	7.9	17	YES	649
12	1.35	76	103	16.4	7.8	18	YES	631
13	1.19	76	90	16.2	7.8	18	YES	625
14								Off
15	1.00	76	76	17.1	7.9	16	YES	612
16	1.25	76	95	16.0	7.9	18	YES	607
17	1.41	76	107	15.1	7.9	20	YES	593
18	1.69	76	128	15.4	8.1	21	YES	596
19	1.63	76	124	16.4	8.0	19	YES	599
20	1.51	76	115	16.4	8.0	19	YES	587
21	1.56	76	119	16.1	8.0	20	YES	592
22	1.62	76	123	15.9	7.9	19	YES	592
23	1.30	76	99	15.9	8.0	19	YES	588
24	1.19	76	90	16.2	7.9	18	YES	590
25	1.33	76	101	15.2	8.1	21	YES	580
26	1.07	76	81	15.1	8.1	20	YES	583
27	1.18	76	90	15.1	8.1	21	YES	583
28	1.44	76	109	15.6	8.1	21	YES	585
29	1.18	76	90	15.8	8.2	20	YES	585
30	1.10	76	84	14.4	8.1	22	YES	584

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