

OHA - Drinking Water Services - Turbidity Monitoring Report Form							County:	Jackson
Conventional or Direct Filtration							Month/Year:	Oct-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 <sup>1</sup> [NTU]	
1	0.03	0.02	0.03	0.02	0.03	0.03	0.03	
2	0.03	0.04	0.02	0.02	0.02	0.06	0.06	
3	0.02	0.02	0.04	0.02	0.02	0.04	0.04	
4	0.02	0.02	0.02	0.02	0.02	---	0.02	
5	0.03	0.03	0.03	0.02	0.03	---	0.03	
6	0.03	0.03	0.05	0.02	0.03	0.02	0.05	
7	0.03	0.02	0.03	0.07	0.02	0.02	0.07	
8	0.02	0.03	0.02	0.02	0.02	0.02	0.03	
9	0.04	0.05	0.09	0.02	0.02	0.02	0.09	
10	---	0.05	0.05	0.02	0.02	0.03	0.05	
11	---	0.05	0.05	0.03	0.03	0.03	0.05	
12	0.04	0.04	0.07	0.03	0.02	0.02	0.07	
13	0.03	0.04	0.05	0.02	0.02	0.02	0.05	
14	0.02	0.04	0.04	0.03	0.02	0.02	0.04	
15	0.03	0.04	0.05	0.08	0.02	0.03	0.08	
16	---	---	---	---	---	---	0.00	
17	---	---	---	---	---	---	0.00	
18	---	---	0.06	0.02	0.02	---	0.06	
19	---	0.02	---	0.02	0.03	0.06	0.06	
20	0.06	0.03	0.06	0.03	0.02	0.04	0.06	
21	0.03	0.05	0.07	0.00	0.03	0.04	0.07	
22	0.04	0.05	0.05	0.03	0.03	0.03	0.05	
23	0.03	0.03	0.02	0.06	0.03	0.08	0.08	
24	0.08	0.12	0.08	0.04	0.03	0.05	0.12	
25	0.07	0.07	0.11	0.05	0.03	0.05	0.11	
26	0.08	0.09	0.11	0.04	0.03	---	0.11	
27	---	---	---	0.04	0.04	0.07	0.07	
28	0.08	0.04	0.12	0.05	0.05	0.07	0.12	
29	---	0.07	0.06	0.04	0.03	0.03	0.07	
30	0.06	0.03	0.03	0.03	0.05	0.09	0.09	
31	0.09	0.11	0.09	0.05	0.03	0.06	0.11	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <span style="float: right;">Yes / No</span> All 4-hour turbidity readings ≤ 1 NTU? <span style="float: right;">Yes / No</span> All turbidity readings < IFE <sup>2</sup> triggers <span style="float: right;">Yes / No</span>	CT's met everyday? (see back) <span style="float: right;">Yes / No</span>	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <span style="float: right;">Yes / No</span>

Notes:	<b>PRINTED NAME:</b> Michael Bollweg <b>SIGNATURE:</b> <i>Michael Bollweg</i> <span style="float: right;">DATE: 11/6/24</span> <b>PHONE #:</b> ( 541 ) 582-4401 <span style="float: right;">CERT #: 5296</span>
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<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

<b>OHA - Drinking Water Program - Surface Water Quality Data Form</b>						<b>WTP - :</b>	<b>WTP-A</b>
<b>System Name:</b>	<b>City of Rogue River</b>	<b>ID#: 41-00712</b>	<b>Month/Year:</b>	<b>24-Oct</b>	<b>Disinfection <i>Giardia</i> Log Inactive:</b>	<b>0.5</b>	

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.32	76	100.3	13.6	8.2	24.1	YES	577
2	1.31	76	99.6	13.4	8.0	22.7	YES	577
3	1.23	76	93.5	13.8	7.9	21.1	YES	577
4	1.2	76	91.2	13.4	8.0	22.4	YES	578
5	1.34	76	101.8	13.7	8.0	22.3	YES	743
6	1.28	76	97.3	12.8	8.1	24.4	YES	756
7	1.3	76	98.8	13.0	7.9	22.4	YES	756
8	1.23	76	93.5	13.6	7.9	21.4	YES	760
9	0.57	76	43.3	13.4	7.9	20.1	YES	751
10	1.1	76	83.6	12.8	7.9	22.2	YES	746
11	1.3	76	98.8	13.0	8.0	23.3	YES	746
12	1.35	76	102.6	12.5	7.9	23.0	YES	745
13	1.45	76	110.2	12.4	8.0	24.6	YES	741
14	1.52	76	115.5	12.0	8.1	26.4	YES	745
15	1.56	76	118.6	12.6	7.9	23.7	YES	748
16								
17								
18	1.53	76	116.3	10.5	8.0	28.2	YES	741
19	1.61	76	122.4	10.8	7.9	26.9	YES	748
20	1.46	76	111.0	13.2	7.9	22.6	YES	744
21	1.66	76	126.2	11.6	8.2	28.6	YES	756
22	1.54	76	117.0	11.6	8.2	28.2	YES	741
23	1.72	76	130.7	9.7	7.9	29.4	YES	775
24	1.38	76	104.9	9.5	7.8	27.6	YES	733
25	1.41	76	107.2	9.2	8.1	31.5	YES	741
26	1.42	76	107.9	9.5	7.8	27.7	YES	732
27	1.46	76	111.0	11.2	7.7	24.0	YES	718
28	1.28	76	97.3	11.4	8.0	25.8	YES	727
29	1.32	76	100.3	10.7	8.0	27.2	YES	748
30	1.2	76	91.2	9.2	7.8	27.6	YES	738
31	1.26	76	95.8	9.4	8.0	29.5	YES	741

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:  
 dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350