

**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Jackson**  
 Month/Year: **Nov-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	0.04	0.09	---	---	---	0.09	
2	---	---	---	---	---	---	0.00	
3	---	---	---	---	---	---	0.00	
4	---	---	0.03	0.04	0.05	0.03	0.05	
5	0.03	0.04	0.03	0.03	---	0.03	0.04	
6	0.05	0.03	0.04	0.03	0.03	0.05	0.05	
7	0.03	---	---	0.03	0.05	0.06	0.06	
8	0.05	---	0.05	0.03	0.03	0.06	0.06	
9	0.03	0.05	0.07	0.03	---	0.03	0.07	
10	0.03	0.03	0.06	0.03	0.03	0.04	0.06	
11	0.03	0.03	0.03	0.03	0.04	0.03	0.04	
12	0.03	0.03	0.03	0.03	0.04	0.03	0.04	
13	0.03	0.04	0.03	0.04	0.03	0.07	0.07	
14	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
15	---	---	---	---	---	---	0.00	
16	---	---	---	---	---	---	0.00	
17	---	---	---	---	---	---	0.00	
18	---	---	---	---	---	---	0.00	
19	---	---	---	---	---	---	0.00	
20	---	---	---	---	---	---	0.00	
21	---	---	---	---	---	---	0.00	
22	---	---	---	---	---	---	0.00	
23	---	---	---	---	---	---	0.00	
24	---	---	---	---	---	---	0.00	
25	---	---	---	---	---	---	0.00	
26	---	---	---	---	---	---	0.00	
27	---	---	---	---	---	---	0.00	
28	---	---	---	---	---	---	0.00	
29	---	---	---	---	---	---	0.00	
30	---	---	---	---	---	---	0.00	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
PRINTED NAME: Michael Bollweg		SIGNATURE: <i>Michael Bollweg</i>
PHONE #: ( 541 ) 415-1117		DATE: <i>11.9.24</i> CERT #: 5296

<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))

OHA - Drinking Water Program - Surface Water Quality Data Form

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

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.29	76	98	10.0	8.0	28	YES	714
2								Off
3								Off
4	0.96	76	73	10.3	7.2	20	YES	736
5	1.42	76	108	9.7	8.2	32	YES	737
6	1.22	76	93	8.6	7.6	27	YES	735
7	0.94	76	71	8.9	7.7	27	YES	730
8	0.63	76	48	8.6	8.2	31	YES	733
9	0.92	76	70	8.6	7.6	26	YES	728
10	1.20	76	91	9.6	7.6	25	YES	733
11	1.33	76	101	9.8	7.6	25	YES	732
12	1.11	76	84	9.8	8.0	28	YES	728
13	1.26	76	96	9.6	7.8	27	YES	731
14	0.61	76	46	9.7	7.8	25	YES	734
15								Off
16								Off
17								Off
18								Off
19								Off
20								Off
21								Off
22								Off
23								Off
24								Off
25								Off
26								Off
27								Off
28								Off
29								Off
30								Off

<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 July 2018

Return by 10th of following month by email, fax, or mail to:  
[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350