

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

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 ¹ [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																																																
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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: Nov-24						WTP - : WTP-A		
						Disinfection <i>Giardia</i> Log Inactive: 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	1.29	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
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22								Off
23								Off
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25								Off
26								Off
27								Off
28								Off
29								Off
30								Off

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