

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Jackson

Month/Year: Mar-25

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	---	---	---	---	---	---	0.00
2	---	PLANT OFF ALL MONTH			---	---	0.00
3	---	---	---	---	---	---	0.00
4	---	---	---	---	---	---	0.00
5	---	---	---	---	---	---	0.00
6	---	---	---	---	---	---	0.00
7	---	---	---	---	---	---	0.00
8	---	---	---	---	---	---	0.00
9	---	---	---	---	---	---	0.00
10	---	---	---	---	---	---	0.00
11	---	---	---	---	---	---	0.00
12	---	---	---	---	---	---	0.00
13	---	---	---	---	---	---	0.00
14	---	---	---	---	---	---	0.00
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
31	---	---	---	---	---	---	0.00

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l?
All 4-hour turbidity readings $\leq$ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No		

PRINTED NAME: Michael Bollweg	
SIGNATURE: Michael Bollweg	DATE: 4.8.25
PHONE #: ( 541 ) 415-1117	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:

Mar-25

Disinfection *Giardia*

Log Inactive:

0.5

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								Off
2								Off
3								Off
4								Off
5								Off
6								Off
7								Off
8								Off
9								Off
10								Off
11								Off
12								Off
13								Off
14								Off
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
31								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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350