OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Jackson

Month/Year: Apr-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 [1] [NTU]
1	---	---	---	---	---	---	0.00
2	---	---	---	---	---	---	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	---	---	---	---	0.14	---	0.14
12	---	---	---	---	---	---	0.00
13	---	---	0.06	0.15	0.09	0.28	0.28
14	0.06	0.09	0.17	0.16	0.04	0.05	0.17
15	0.28	0.27	0.08	0.08	0.04	---	0.28
16	0.05	0.02	0.10	0.06	0.09	0.04	0.10
17	0.05	0.09	0.09	0.12	0.06	0.04	0.12
18	0.14	0.06	0.09	0.13	0.04	0.04	0.14
19	0.17	0.18	---	---	---	0.04	0.18
20	---	---	0.04	0.05	0.04	0.06	0.06
21	0.05	0.27	0.08	0.08	0.04	0.07	0.27
22	..04	0.11	0.11	0.07	0.04	0.06	0.11
23	0.04	---	0.12	0.04	0.19	0.04	0.19
24	0.10	0.05	0.17	0.03	0.10	0.04	0.17
25	0.07	0.05	0.07	0.04	0.06	0.05	0.07
26	0.05	0.07	0.07	0.08	0.06	0.05	0.08
27	0.14	0.05	0.26	---	---	---	0.26
28	---	---	---	0.06	0.09	0.06	0.09
29	---	---	---	0.06	0.08	0.23	0.23
30	0.06	0.22	0.15	0.04	0.22	0.03	0.22

Conventional or Direct Filtration

95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No

All 4-hour turbidity readings ≤ 1 NTU? Yes / No

All turbidity readings < IFE[2] triggers Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No

All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No

PRINTED NAME: Michael Bollweg

SIGNATURE: Michael Bollweg **DATE:** 5.5.25

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

WTP - :	WTP-A
Disinfection *Giardia* Log Inactive:	0.5

System Name: City of Rogue River **ID#:** 41-00712 **Month/Year:** Apr-25

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								Off
2								Off
3								Off
4								Off
5								Off
6								Off
7								Off
8								Off
9								Off
10								Off
11	0.50	76	38	12.9	7.6	18	YES	777
12								Off
13	1.03	76	78	13.8	7.7	19	YES	692
14	1.06	76	81	13.0	7.7	20	YES	714
15	1.05	76	80	13.3	7.8	21	YES	699
16	1.31	76	100	13.0	7.8	22	YES	701
17	1.57	76	119	13.2	7.9	23	YES	696
18	1.30	76	99	13.1	7.8	22	YES	697
19	1.60	76	122	14.0	7.9	21	YES	700
20	1.34	76	102	13.7	7.9	21	YES	700
21	1.33	76	101	14.0	8.0	22	YES	695
22	1.48	76	112	14.6	8.1	22	YES	699
23	1.39	76	106	12.4	8.5	29	YES	702
24	1.35	76	103	13.2	8.3	26	YES	709
25	1.38	76	105	14.4	8.6	27	YES	698
26	1.54	76	117	13.7	8.4	26	YES	691
27	0.81	76	62	12.2	8.0	23	YES	690
28	0.96	76	73	13.3	7.8	20	YES	692
29	1.69	76	128	13.4	8.0	24	YES	689
30	1.38	76	105	13.3	8.1	24	YES	696

[3] If Cl_2 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