

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	Jackson
Month/Year:	May-25

System Name:		City of Rogue River		ID#:			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		0.08	0.09	0.16	0.12	0.03	0.15	0.16
2		0.15	0.11	---	0.17	0.06	0.03	0.17
3		0.05	---	0.22	0.07	0.01	0.03	0.22
4		0.16	0.13	0.26	---	---	0.03	0.26
5		0.19	---	0.24	---	---	---	0.24
6		---	---	---	0.15	0.03	0.19	0.19
7		---	---	---	---	---	---	0.00
8		---	---	---	0.12	---	0.04	0.12
9		0.04	0.04	0.06	0.04	0.05	0.13	0.13
10		0.04	0.05	0.04	0.05	0.03	0.06	0.06
11		0.05	0.04	0.02	0.11	0.05	0.06	0.11
12		0.05	0.04	0.04	0.04	0.06	0.04	0.06
13		0.04	0.05	0.09	0.06	0.04	0.06	0.09
14		0.04	0.04	0.11	---	0.09	0.04	0.11
15		0.03	0.04	0.04	0.05	0.03	0.03	0.05
16		0.04	0.03	0.05	0.04	0.03	0.04	0.05
17		0.03	0.07	0.03	0.04	0.03	0.07	0.07
18		0.03	0.03	0.04	0.04	0.03	0.07	0.07
19		0.03	0.03	0.04	0.03	0.05	0.03	0.05
20		0.03	0.04	0.04	0.03	0.03	0.03	0.04
21		---	---	---	---	---	0.03	0.03
22		0.03	---	0.27	0.04	0.03	0.03	0.27
23		0.03	0.04	0.03	0.04	0.04	0.03	0.04
24		---	---	---	0.03	0.04	---	0.04
25		---	---	0.03.03	0.04	0.03	0.03	0.04
26		0.09	0.07	---	0.04	0.03	0.03	0.09
27		---	---	---	---	---	---	0.00
28		0.03	0.16	0.04	0.19	0.09	0.03	0.19
29		0.04	0.21	0.04	---	---	0.03	0.21
30		0.18	0.03	---	0.07	0.03	0.03	0.18
31		0.03	0.03	0.04	0.04	0.03	0.03	0.04
Conventional or Direct Filtration					Monthly Summary (Answer Yes or No)			
95% of 4-hour turbidity readings ≤ 0.3 NTU?					Yes / No	CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?					Yes / No			Yes / No
All turbidity readings < IFE ² triggers					Yes / No			Yes / No
					PRINTED NAME: Michael Bollweg			
					SIGNATURE: Michael Bollweg		DATE: 6.9.25	
					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

System Name:		City of Rogue River		ID#:	Month/Year:	May-25	Disinfection Giardia 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	1.32	76	100	13.6	8.3	25	YES	697
2	1.43	76	109	14.7	8.3	23	YES	708
3	1.36	76	103	14.8	8.3	23	YES	690
4	1.23	76	93	12.4	7.9	23	YES	698
5	1.61	76	122	13.7	8.0	23	YES	693
6	1.35	76	103	13.0	7.9	23	YES	705
7								Off
8	2.24	76	170	15.1	7.9	22	YES	697
9	1.69	76	128	14.0	7.8	21	YES	694
10	1.50	76	114	13.8	8.1	23	YES	686
11	0.67	76	51	14.4	8.1	21	YES	701
12	1.54	76	117	13.4	8.0	23	YES	686
13	1.27	76	97	12.6	7.8	22	YES	697
14	1.28	76	97	12.9	7.9	22	YES	691
15	1.43	76	109	12.1	7.8	23	YES	691
16	1.44	76	109	12.9	7.7	22	YES	687
17	1.41	76	107	14.6	8.0	21	YES	685
18	1.39	76	106	13.8	8.1	23	YES	684
19	1.37	76	104	12.9	7.9	22	YES	687
20	1.40	76	106	14.6	7.4	17	YES	689
21	1.63	76	124	17.8	7.9	17	YES	681
22	1.49	76	113	14.6	8.0	21	YES	688
23	1.42	76	108	15.3	8.0	21	YES	682
24	1.60	76	122	18.2	8.0	17	YES	681
25	1.36	76	103	16.2	7.6	16	YES	693
26	1.37	76	104	17.0	7.7	16	YES	693
27								Off
28	1.44	76	109	16.2	8.2	21	YES	687
29	1.34	76	102	16.3	8.3	21	YES	694
30	1.47	76	112	17.7	8.1	18	YES	687
31	1.48	76	112	17.0	8.3	20	YES	689

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.dmc@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350