OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Jackson

Month/Year: Jul-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	0.04	0.05	0.07	0.06	0.03	0.08	0.08
2	0.04	0.04	0.05	0.04	0.03	0.03	0.05
3	0.04	0.05	0.05	0.11	0.03	0.03	0.11
4	0.04	0.05	0.04	0.04	---	0.03	0.05
5	0.03	0.04	0.05	0.03	0.03	0.04	0.05
6	0.05	0.03	0.15	0.03	0.03	0.03	0.15
7	0.03	0.03	0.03	0.04	0.03	0.03	0.04
8	0.04	0.05	0.04	0.08	0.04	0.04	0.08
9	0.06	0.03	0.09	0.05	---	0.04	0.09
10	0.03	0.05	0.04	0.06	0.15	0.04	0.15
11	0.03	0.04	0.05	0.04	0.04	0.13	0.13
12	0.03	0.04	0.09	0.04	0.03	0.04	0.09
13	0.04	0.04	0.05	0.08	0.04	0.03	0.08
14	0.05	0.06	0.05	0.05	0.04	0.03	0.06
15	0.04	0.06	0.04	0.04	0.06	0.07	0.07
16	0.03	0.05	0.05	0.03	0.04	0.14	0.14
17	0.03	0.03	0.04	0.08	0.04	0.04	0.08
18	0.04	0.03	0.03	0.11	0.03	0.03	0.11
19	0.04	0.03	0.04	---	---	---	0.04
20	---	---	0.03	0.04	0.06	0.03	0.06
21	0.03	0.04	0.03	0.04	0.12	0.03	0.12
22	0.03	0.05	0.09	0.03	0.04	0.03	0.09
23	0.03	0.03	0.05	0.03	0.04	0.05	0.05
24	0.03	0.03	0.04	0.04	0.03	0.04	0.04
25	0.04	0.03	0.04	0.04	0.10	0.03	0.10
26	0.03	0.04	0.04	0.04	0.04	0.03	0.04
27	0.03	0.10	0.04	0.03	0.04	0.03	0.10
28	0.03	0.04	0.04	0.03	0.03	0.04	0.04
29	0.03	0.03	0.04	0.08	0.04	0.03	0.08
30	0.03	0.03	0.04	0.05	0.03	0.03	0.05
31	0.12	0.06	0.04	0.04	0.04	0.03	0.12

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:** 8.5.25

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:** Jul-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	1.46	76	111	18.6	7.8	15	YES	700
2	1.40	76	106	18.7	7.9	16	YES	703
3	1.40	76	106	18.0	7.1	12	YES	709
4	1.44	76	109	18.0	7.8	16	YES	698
5	1.42	76	108	17.5	7.8	16	YES	716
6	1.38	76	105	17.9	7.6	15	YES	692
7	1.39	76	106	18.2	8.0	17	YES	758
8	1.23	76	93	18.6	8.0	16	YES	778
9	1.29	76	98	18.5	7.9	16	YES	764
10	1.32	76	100	17.5	8.7	22	YES	770
11	1.39	76	106	16.4	8.8	25	YES	770
12	1.38	76	105	18.5	7.8	15	YES	769
13	1.33	76	101	19.5	7.7	14	YES	764
14	1.26	76	96	19.2	7.7	14	YES	769
15	1.29	76	98	18.9	8.0	16	YES	776
16	1.38	76	105	18.9	7.8	15	YES	772
17	1.27	76	97	19.2	7.8	14	YES	766
18	1.24	76	94	19.2	7.7	14	YES	769
19	1.37	76	104	18.2	7.8	15	YES	771
20	0.99	76	75	19.2	7.6	13	YES	768
21	0.98	76	74	18.7	7.7	14	YES	768
22	0.80	76	61	17.6	8.1	17	YES	769
23	1.40	76	106	18.2	7.7	15	YES	784
24	1.57	76	119	18.2	7.7	15	YES	764
25	1.48	76	112	18.4	7.8	15	YES	774
26	1.64	76	125	18.3	8.1	18	YES	759
27	1.68	76	128	18.1	7.7	16	YES	777
28	1.38	76	105	17.9	8.4	20	YES	773
29	1.43	76	109	18.1	7.7	15	YES	773
30	1.42	76	108	19.3	8.5	19	YES	777
31	1.40	76	106	18.2	8.1	17	YES	762

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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