OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Jackson

Month/Year: Oct-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	---	---	0.05	0.06	0.06	0.12	0.12
2	0.04	0.04	0.05	0.09	0.04	0.23	0.23
3	0.17	0.19	0.16	0.07	0.05	0.04	0.19
4	0.08	0.04	0.05	---	---	0.04	0.08
5	---	---	0.05	0.04	0.04	0.04	0.05
6	0.04	0.04	0.04	0.04	0.04	0.06	0.06
7	0.04	0.03	0.03	0.04	0.06	0.03	0.06
8	0.04	0.04	0.04	0.06	0.04	0.10	0.10
9	---	0.04	0.18	0.04	0.04	0.07	0.18
10	0.05	---	0.06	0.05	0.04	---	0.06
11	0.06	0.10	0.02	---	0.07	0.05	0.10
12	0.05	---	0.10	0.05	---	0.05	0.10
13	0.06	---	0.05	0.06	0.04	0.06	0.06
14	---	---	---	---	0.10	0.07	0.10
15	0.15	---	0.08	0.07	0.13	0.05	0.15
16	0.05	---	0.07	---	0.05	---	0.07
17	0.08	---	0.08	0.05	0.05	---	0.08
18	---	0.08	0.07	0.05	0.05	---	0.08
19	0.07	---	0.08	---	0.06	---	0.08
20	---	0.07	---	---	0.08	0.12	0.12
21	---	0.08	0.10	0.07	0.08	0.08	0.10
22	0.08	---	0.14	---	0.06	---	0.14
23	0.08	---	0.07	0.07	0.10	0.08	0.10
24	0.10	0.08	0.08	0.07	0.07	0.11	0.11
25	0.09	0.09	0.09	0.07	---	---	0.09
26	0.15	---	0.04	0.07	---	---	0.15
27	---	---	0.08	0.22	0.07	0.09	0.22
28	0.21	---	---	---	0.08	0.20	0.21
29	---	---	0.11	0.17	0.06	0.11	0.17
30	0.07	0.07	0.17	---	---	---	0.17
31	0.07	---	0.08	---	---	0.06	0.08

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:** 11.7.25

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:** Oct-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	0.85	76	65	13.2	7.9	21	YES	771
2	1.31	76	100	13.4	7.9	22	YES	769
3	1.25	76	95	12.7	8.0	24	YES	766
4	1.20	76	91	12.2	8.0	24	YES	760
5	1.32	76	100	12.7	7.9	23	YES	685
6	1.21	76	92	12.3	7.9	24	YES	692
7	1.12	76	85	12.1	7.9	23	YES	697
8	1.14	76	87	12.0	8.0	24	YES	685
9	1.26	76	96	12.2	7.8	23	YES	692
10	1.25	76	95	11.2	7.8	24	YES	617
11	0.99	76	75	10.8	7.8	24	YES	722
12	1.10	76	84	12.2	7.9	23	YES	738
13	1.04	76	79	11.7	8.0	25	YES	732
14	1.24	76	94	12.2	8.0	24	YES	685
15	0.97	76	74	11.8	8.0	24	YES	689
16	1.22	76	93	11.6	8.0	25	YES	692
17	1.23	76	93	11.1	8.0	26	YES	682
18	1.22	76	93	11.4	8.0	25	YES	684
19	1.23	76	93	11.8	8.0	25	YES	680
20	1.44	76	109	10.7	8.0	27	YES	687
21	1.26	76	96	10.3	8.0	28	YES	689
22	1.25	76	95	10.3	8.0	27	YES	678
23	1.31	76	100	10.4	8.0	28	YES	679
24	1.03	76	78	10.7	8.0	26	YES	687
25	1.23	76	93	9.9	7.9	27	YES	688
26	0.80	76	61	10.0	7.9	25	YES	669
27	0.90	76	68	10.9	8.0	25	YES	687
28	0.83	76	63	11.1	7.9	24	YES	690
29	1.11	76	84	10.8	7.9	25	YES	689
30	1.30	76	99	11.3	7.9	25	YES	688
31	1.29	76	98	11.4	8.0	25	YES	688

[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