

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Jan-26

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	---	---	---	0.08	0.19	---	0.19
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	---	---	0.18	0.08	0.07	---	0.18
16	---	---	---	---	---	---	0.00
17	---	---	---	---	---	---	0.00
18	---	---	---	---	---	---	0.00
19	---	---	---	---	---	---	0.00
20	---	---	---	---	---	---	0.00
21	---	---	---	0.16	---	0.18	0.18
22	0.14	0.11	0.10	0.06	---	0.09	0.14
23	0.11	---	0.13	0.06	---	0.09	0.13
24	---	0.08	0.08	0.10	0.09	---	0.10
25	---	0.07	0.08	0.15	---	0.17	0.17
26	---	---	---	---	---	---	0.00
27	---	---	---	---	0.08	0.09	0.09
28	---	0.10	0.08	---	0.07	0.06	0.10
29	0.07	0.06	0.08	0.08	0.06	---	0.08
30	---	---	0.09	0.10	---	0.08	0.10
31	0.07	---	0.06	0.06	---	---	0.07

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	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		
		PRINTED NAME: Michael Bollweg	
		SIGNATURE: Michael Bollweg	DATE: 2.10.26
		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 <i>Giardia</i> Log Inactive:	0.5

System Name:	City of Rogue River	ID#: 41-00712	Month/Year:	Jan-26
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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	1.15	76	87	9.5	7.8	27	YES	700
5								Off
6								Off
7								Off
8								Off
9								Off
10								Off
11								Off
12								Off
13								Off
14								Off
15	0.71	76	54	7.7	7.9	30	YES	642
16								Off
17								Off
18								Off
19								Off
20								Off
21	0.85	76	65	8.3	7.9	29	YES	645
22	0.82	76	62	7.5	7.9	31	YES	657
23	1.09	76	83	7.7	8.0	32	YES	651
24	1.13	76	86	7.7	7.9	31	YES	644
25	1.01	76	77	6.7	8.0	34	YES	651
26								Off
27	0.91	76	69	7.5	8.0	32	YES	645
28	1.33	76	101	8.0	8.0	33	YES	666
29	1.46	76	111	8.1	8.0	33	YES	643
30	0.98	76	74	8.4	7.9	29	YES	634
31	0.54	76	41	8.0	8.0	30	YES	644

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