

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Jackson**
 Month/Year: **Jan-21**

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	---	---	---	---	---	---	0.00	
12	---	---	---	---	---	---	0.00	
13	---	---	---	---	---	---	0.00	
14	---	---	---	---	---	---	0.00	
15	---	---	---	---	---	---	0.00	
16	---	---	---	---	---	---	0.00	
17	---	---	---	---	---	---	0.00	
18	---	---	---	---	---	---	0.00	
19	---	---	---	---	---	---	0.00	
20	---	---	---	---	---	---	0.00	
21	---	---	---	---	---	---	0.00	
22	---	---	---	---	---	---	0.00	
23	---	---	---	---	---	---	0.00	
24	---	---	---	---	---	---	0.00	
25	---	---	---	---	---	---	0.00	
26	---	---	---	---	---	---	0.00	
27	---	---	---	---	---	---	0.00	
28	---	---	---	---	---	---	0.00	
29	---	---	---	---	---	---	0.00	
30	---	---	---	---	---	---	0.00	

95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / No All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
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Notes: <i>Plant off all month.</i>	PRINTED NAME: Michael Bollweg
	SIGNATURE: <i>Michael Bollweg</i>
	PHONE #: (541) 582-4401
	DATE: <i>2/10/21</i>
	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))

Received Time Feb. 10. 2021 9:19AM No. 6814

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Rogue River				ID#: 41 - 00712		Month/Year: 21-Jan		WTP - :	
								WTP-A	
								Disinfection <i>Giardia</i> 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	Off							
2	Off							
3	Off							
4	Off							
5	Off							
6	Off							
7	Off							
8	Off							
9	Off							
10	Off							
11	Off							
12	Off							
13	Off							
14	Off							
15	Off							
16	Off							
17	Off							
18	Off							
19	Off							
20	Off							
21	Off							
22	Off							
23	Off							
24	Off							
25	Off							
26	Off							
27	Off							
28	Off							
29	Off							
30	Off							
31	Off							

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
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