

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

County: Jackson
 Month/Year: Feb-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? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	N/A <input checked="" type="radio"/> Yes / No <input checked="" type="radio"/> Yes / No <input checked="" type="radio"/> Yes / No	CT's met everyday? (see back) Yes / No N/A	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
Notes: Water Plant was off the month of February.	PRINTED NAME: Michael Bollweg SIGNATURE: Michael Bollweg PHONE #: (541) 582-4401		
	DATE: 3.9.21		CERT #: 5296

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: 21-Feb

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [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



CITY OF ROGUE RIVER

133 Broadway • Box 1137 Rogue River, Oregon 97537 • (541) 582-4401
Fax: (541) 582-0937 • website: cityofrogueriver.org

FAX TRANSMITTAL SHEET

DATE: 3/9/21

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If all of our pages do not arrive, please call (541) 582-4401 immediately!

TO: OREGON HEALTH AUTHORITY

NAME: _____

COMPANY: _____

FAX NO: 1.971.673.0694

FROM:

MARK REAGLES CAROL WEIR KAILIN HONEA

BONNIE HONEA MICHAEL BOLLWEG _____

MESSAGE: PLEASE SEND EMAIL CONFIRMATION TO

MBOLLWEG@CITYOFROGUERIVER.ORG

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