

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Jun-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	---	---	0.03	0.03	0.03	0.03	0.03
2	0.03	0.03	0.03	0.03	0.03	0.03	0.03
3	0.03	0.03	---	---	0.03	0.03	0.03
4	0.03	0.03	0.03	0.03	0.03	---	0.03
5	---	---	---	---	---	---	0.00
6	---	---	---	---	---	---	0.00
7	---	---	0.03	0.03	0.03	0.03	0.03
8	0.03	0.04	0.03	0.03	0.03	0.03	0.04
9	0.03	0.03	0.03	0.03	---	---	0.03
10	---	---	0.04	0.03	0.04	0.03	0.04
11	0.03	0.03	0.04	0.03	0.03	---	0.04
12	---	---	---	---	---	---	0.00
13	---	---	---	---	---	---	0.00
14	---	---	---	0.03	---	---	0.03
15	---	---	---	---	---	---	0.00
16	---	---	0.03	0.03	---	---	0.03
17	---	---	0.03	0.03	0.03	0.03	0.03
18	0.03	0.03	0.03	0.03	0.03	0.03	0.03
19	0.04	0.03	0.03	0.03	0.04	0.03	0.04
20	0.03	0.03	0.04	0.03	0.03	0.03	0.04
21	0.04	0.03	0.03	0.03	---	---	0.04
22	---	---	0.03	0.03	---	---	0.03
23	---	---	---	0.04	0.03	0.03	0.04
24	0.03	0.03	0.03	0.03	0.03	0.03	0.03
25	0.03	0.03	0.03	0.03	0.02	0.02	0.03
26	0.02	0.03	0.03	0.02	0.02	0.07	0.07
27	0.02	0.02	0.02	0.04	0.02	0.02	0.04
28	0.02	0.02	0.03	0.02	0.03	0.02	0.03
29	0.02	0.02	0.05	0.03	0.02	0.02	0.05
30	0.02	0.06	0.03	0.03	0.04	0.02	0.06

95% of 4-hour turbidity readings ≤ 0.3 NTU? All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE ² triggers	Yes / No Yes / No Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No
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Notes:	PRINTED NAME: Michael Bollweg	
	SIGNATURE: Michael Bollweg	DATE: 6/21
	PHONE #: (541) 582-4401	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

System Name: City of Rogue River				ID#: 41 - 00712		Month/Year: 21-Jun		WTP - : WTP-A	
								Disinfection <i>Giardia</i> Log Inactive: 0.5	

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	1.49	76	113	15.4	6.6	12	YES	755
2	1.66	76	126	15.7	6.6	12	YES	752
3	1.80	76	137	15.9	6.6	12	YES	756
4	1.52	76	116	14.5	6.6	13	YES	760
5								
6								
7	1.32	76	100	13.3	6.7	14	YES	754
8	1.45	76	110	14.0	6.7	14	YES	754
9	1.59	76	121	13.8	6.8	15	YES	758
10	1.62	76	123	13.8	6.8	15	YES	748
11	1.56	76	119	14.5	6.8	14	YES	751
12								
13								
14	1.40	76	106	16.3	6.9	13	YES	748
15		76						
16	1.40	76	106	15.1	6.7	13	YES	733
17	1.66	76	126	15.6	6.7	13	YES	758
18	1.65	76	125	16.7	6.7	12	YES	755
19	1.58	76	120	16.5	6.8	12	YES	752
20	1.54	76	117	16.7	6.8	12	YES	753
21	1.34	76	102	17.5	6.8	11	YES	761
22	1.38	76	105	17.9	6.8	11	YES	754
23	1.41	76	107	20.0	6.9	10	YES	755
24	1.21	76	92	18.3	6.6	10	YES	751
25	1.54	76	117	18.3	6.6	10	YES	756
26	1.62	76	123	18.6	6.6	10	YES	757
27	1.54	76	117	18.5	6.6	10	YES	766
28	1.45	76	110	19.1	6.6	9	YES	757
29	1.47	76	112	18.7	6.6	10	YES	760
30	1.52	76	116	18.4	6.6	10	YES	762

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