

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Nov-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	---	---	---	---	0.07	---	0.07
11	---	---	---	---	---	---	0.00
12	---	---	---	0.06	---	---	0.06
13	---	---	---	---	---	---	0.00
14	---	---	---	---	---	---	0.00
15	---	---	---	0.05	0.06	---	0.06
16	---	---	---	0.13	0.06	0.05	0.13
17	0.05	0.05	0.05	---	---	---	0.05
18	---	---	---	0.08	---	0.05	0.08
19	0.05	0.05	0.09	0.05	0.15	---	0.15
20	---	---	---	---	---	---	0.00
21	---	---	---	---	---	---	0.00
22	---	---	---	0.04	0.04	0.04	0.04
23	0.05	0.12	0.05	0.04	0.11	---	0.12
24	---	---	---	0.05	0.04	---	0.05
25	---	---	---	---	---	---	0.00
26	---	---	---	---	---	---	0.00
27	---	---	---	---	---	---	0.00
28	---	---	---	---	---	---	0.00
29	---	---	---	0.04	---	---	0.04
30	---	---	---	0.04	0.04	---	0.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
		PRINTED NAME: Michael Bollweg	
		SIGNATURE: Michael Bollweg	DATE: 12.8.21
		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

System Name: City of Rogue River				ID#: 41-00712		Month/Year: Nov-21		WTP - :	
								WTP-A	
								Disinfection Giardia 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								
2								
3								
4								
5								
6								
7								
8								
9								
10	1.86	76	141	12.3	7.0	18	YES	757
11								
12	1.82	76	138	13.5	6.9	16	YES	754
13								
14								
15	1.52	76	116	12.5	7.0	17	YES	760
16	1.31	76	100	11.2	7.0	18	YES	755
17	1.91	76	145	10.1	7.0	21	YES	752
18	1.60	76	122	10.7	7.0	20	YES	770
19	1.55	76	118	10.7	6.9	19	YES	768
20								
21								
22	1.36	76	103	9.3	7.0	21	YES	771
23	1.10	76	84	8.9	7.0	21	YES	761
24	1.31	76	100	9.6	7.0	21	YES	761
25								
26								
27								
28								
29	1.87	76	142	11.8	7.0	19	YES	759
30	1.80	76	137	11.5	7.0	19	YES	765

³ If Cl₂ 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