

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Jan-22

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	---	---	---	---	---	---	0.000
2	---	---	---	---	---	---	0.000
3	---	---	---	---	---	---	0.000
4	---	---	---	---	---	---	0.000
5	---	---	---	---	---	---	0.000
6	---	---	---	---	---	---	0.000
7	---	---	---	---	---	---	0.000
8	---	---	---	---	---	---	0.000
9	---	---	---	---	---	---	0.000
10	---	---	---	0.070	---	---	0.070
11	---	---	---	---	---	---	0.000
12	---	---	---	---	---	---	0.000
13	---	---	---	---	---	---	0.000
14	---	---	---	---	---	---	0.000
15	---	---	---	---	---	---	0.000
16	---	---	---	---	---	---	0.000
17	---	---	---	---	---	---	0.000
18	---	---	---	0.083	0.127	---	0.127
19	---	---	---	0.063	0.195	---	0.195
20	---	---	---	0.153	---	---	0.153
21	---	---	---	0.105	0.051	---	0.105
22	---	---	---	---	---	---	0.000
23	---	---	---	---	---	---	0.000
24	---	---	---	0.116	0.052	---	0.116
25	---	---	---	0.174	0.067	---	0.174
26	---	---	---	0.055	0.068	---	0.068
27	---	---	---	0.050	0.115	0.130	0.130
28	0.050	0.210	0.149	0.060	0.060	---	0.210
29	---	---	---	---	---	---	0.000
30	---	---	---	---	---	---	0.000
31	---	---	---	0.040	0.060	0.050	0.060

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	PRINTED NAME: Michael Bollweg SIGNATURE: <i>Michael Bollweg</i> DATE: 2.8.22 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: Jan-22		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								
2								
3								
4								
5								
6								
7								
8								
9								
10	1.42	76	108	10.4	7.2	21	YES	750
11								
12								
13								
14								
15								
16								
17								
18	2.00	76	152	8.6	7.2	25	YES	754
19	1.24	76	94	9.0	7.2	23	YES	756
20	1.43	76	109	10.0	7.2	22	YES	752
21	1.56	76	119	8.9	7.1	23	YES	744
22								
23								
24	1.48	76	112	7.8	7.1	24	YES	746
25	1.75	76	133	11.2	7.1	20	YES	761
26	1.55	76	118	6.3	7.2	28	YES	765
27	1.19	76	90	6.9	7.2	26	YES	763
28	1.25	76	95	6.3	7.1	26	YES	757
29								
30								
31	1.40	76	106	7.2	7.2	26	YES	763

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