

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Feb 2022

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 <sup>1</sup> [NTU]
1	---	---	---	0.05	0.07	0.05	0.07
2	0.06	0.11	0.06	0.06	---	---	0.11
3	---	---	0.12	0.19	0.06	0.05	0.19
4	0.05	---	0.09	0.04	0.03	---	0.09
5	---	---	---	0.04	0.07	---	0.07
6	---	---	0.05	0.04	0.05	0.04	0.05
7	---	---	---	0.04	0.04	0.06	0.06
8	---	---	0.05	0.07	0.03	0.05	0.07
9	---	---	0.04	0.04	0.03	---	0.04
10	---	---	0.03	0.06	---	0.06	0.06
11	---	---	0.03	0.06	0.03	0.05	0.06
12	---	---	0.03	---	---	---	0.03
13	---	---	0.03	0.04	0.06	---	0.06
14	---	---	0.04	0.03	0.03	---	0.04
15	---	---	0.05	0.03	0.03	---	0.05
16	---	---	0.03	0.06	---	---	0.06
17	---	---	0.03	0.03	0.04	0.07	0.07
18	---	---	0.06	0.03	0.03	---	0.06
19	---	---	0.05	0.05	0.05	0.05	0.05
20	---	---	0.03	---	---	---	0.03
21	---	---	0.03	0.05	0.07	0.04	0.07
22	0.05	0.04	0.06	---	---	---	0.06
23	---	---	0.03	0.05	0.04	---	0.05
24	---	---	0.04	0.05	0.04	0.03	0.05
25	---	---	0.05	0.03	0.04	0.10	0.10
26	---	---	---	---	---	---	0.00
27	---	---	---	---	---	---	0.00
28	---	---	0.03	0.03	0.03	---	0.03

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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

PRINTED NAME: Michael Bollweg  
 SIGNATURE: *Michael Bollweg* DATE: 2.7.22  
 PHONE #: ( 541 ) 415-1117 CERT #: 5296

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. <sup>2</sup> 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:	0.50

System Name:	City of Rogue River	ID#: 41-00712	Month/Year: Feb. 2022
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.40	76.00	106.40	6.80	7.30	27.75	YES	768.00
2	1.29	76.00	98.04	6.90	7.30	27.22	YES	760.00
3	1.26	76.00	95.76	7.00	7.30	26.94	YES	762.00
4	1.29	76.00	98.04	6.90	7.30	27.22	YES	762.00
5	1.34	76.00	101.84	7.40	7.20	25.54	YES	758.00
6	1.38	76.00	104.88	7.10	7.40	28.13	YES	757.00
7	1.16	76.00	88.16	7.60	7.30	25.58	YES	762.00
8	1.00	76.00	76.00	7.90	7.30	24.62	YES	775.00
9	1.21	76.00	91.96	8.20	7.10	23.03	YES	770.00
10	1.18	76.00	89.68	8.90	7.30	23.51	YES	754.00
11	1.46	76.00	110.96	8.80	7.30	24.44	YES	760.00
12	1.94	76.00	147.44	9.00	7.60	28.36	YES	745.00
13	1.31	76.00	99.56	9.10	7.70	27.16	YES	749.00
14	1.37	76.00	104.12	8.70	7.10	22.68	YES	761.00
15	1.16	76.00	88.16	8.50	7.30	24.09	YES	770.00
16	1.09	76.00	82.84	8.70	7.10	21.98	YES	764.00
17	1.23	76.00	93.48	8.50	7.20	23.44	YES	771.00
18	1.31	76.00	99.56	7.60	7.20	25.11	YES	762.00
19	1.21	76.00	91.96	11.70	7.10	18.31	YES	766.00
20	1.42	76.00	107.92	12.60	7.00	16.77	YES	766.00
21	1.05	76.00	79.80	8.90	7.30	23.17	YES	766.00
22	1.46	76.00	110.96	7.40	7.20	25.89	YES	762.00
23	0.90	76.00	68.40	6.60	7.30	26.55	YES	775.00
24	0.74	76.00	56.24	7.50	7.63	27.62	YES	758.00
25	1.02	76.00	77.52	5.50	7.90	36.06	YES	758.00
26								
27								
28	1.27	76.00	96.52	10.10	7.30	21.94	YES	767.00
29								
30								
31								

<sup>3</sup> If Cl<sub>2</sub> 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