

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson
 Month/Year: Aug-22

Conventional or Direct Filtration

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	0.04	---	0.04	0.04	---	---	0.04
2	---	---	0.03	0.03	0.04	0.03	0.04
3	0.04	---	0.03	0.11	0.04	0.04	0.11
4	0.05	---	0.03	0.04	0.04	0.03	0.05
5	---	0.03	0.04	0.03	0.03	---	0.04
6	0.03	---	0.03	---	0.04	0.04	0.04
7	---	0.03	0.04	0.16	0.03	---	0.16
8	---	---	---	0.03	0.03	0.03	0.03
9	---	---	0.03	0.03	---	---	0.03
10	---	---	0.03	0.03	0.03	0.03	0.03
11	0.04	0.07	0.05	0.04	0.04	0.04	0.07
12	0.04	0.04	---	---	---	---	0.04
13	---	---	---	---	---	---	0.00
14	---	---	0.10	---	0.02	0.03	0.10
15	0.03	---	0.04	0.03	0.03	0.03	0.04
16	0.03	0.03	---	0.03	---	---	0.03
17	0.04	0.04	0.03	0.04	0.03	0.04	0.04
18	0.03	---	0.03	0.03	0.04	0.04	0.04
19	---	---	0.03	0.03	0.04	0.04	0.04
20	0.05	0.04	0.04	0.05	0.04	0.04	0.05
21	0.05	0.05	0.11	---	---	---	0.11
22	0.03	0.05	0.17	0.18	---	0.07	0.18
23	0.05	---	0.22	0.11	0.16	0.14	0.22
24	---	---	0.05	0.10	0.03	0.03	0.10
25	---	---	0.07	0.06	---	0.07	0.07
26	0.04	0.04	0.08	---	0.04	0.03	0.08
27	---	---	0.05	0.05	---	0.03	0.05
28	---	---	0.06	---	---	---	0.06
29	---	---	---	0.05	---	---	0.05
30	---	---	0.03	0.06	0.03	---	0.06
31	---	---	---	0.05	0.04	0.04	0.05

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 Cl2 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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

PRINTED NAME: Michael Bollweg
 SIGNATURE: *Michael Bollweg* DATE: 9/8/22
 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 Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

				WTP - :		WTP-A	
System Name: City of Rogue River		ID#: 41-00712	Month/Year: Aug-22		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	1.2	76	91	18.6	8.1	16	YES	726
2	1.4	76	106	18.3	8.1	17	YES	741
3	1.2	76	91	19.0	8.1	16	YES	728
4	1.2	76	91	18.6	8.1	16	YES	72
5	1.3	76	99	20.4	8.1	15	YES	736
6	1.4	76	106	19.1	8.2	17	YES	732
7	1.4	76	106	18.9	8.2	17	YES	738
8	1.3	76	99	19.8	8.1	15	YES	733
9	1.4	76	106	19.3	8.1	16	YES	724
10	1.4	76	106	19.0	8.2	17	YES	736
11	1.4	76	106	18.4	8.2	18	YES	733
12	1.2	76	91	19.3	8.2	16	YES	730
13								
14	0.9	76	68	19.3	7.9	14	YES	736
15	1.3	76	99	18.6	8.1	17	YES	737
16	0.8	76	61	18.5	8.1	16	YES	733
17	1.2	76	91	18.9	8.2	17	YES	74
18	1.0	76	76	17.9	8.2	18	YES	742
19	1.1	76	84	18.0	8.1	17	YES	753
20	1.3	76	101	18.8	8.2	17	YES	738
21	1.3	76	99	18.5	8.2	17	YES	743
22	1.5	76	114	18.5	7.9	16	YES	729
23	1.1	76	84	18.5	7.9	15	YES	774
24	1.0	76	76	19.2	8.0	15	YES	722
25	1.4	76	106	19.1	7.9	15	YES	751
26	1.3	76	99	19.0	8.1	16	YES	733
27	1.2	76	91	19.7	8.0	15	YES	730
28	1.7	76	129	18.2	7.5	14	YES	731
29	1.5	76	114	18.2	7.5	14	YES	736
30	1.4	76	106	18.6	7.9	16	YES	729
31	1.6	76	122	18.5	8.0	17	YES	740

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