

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

## Conventional or Direct Filtration

County: Douglas

Month/Year: Oct-24

WTP : TP - A

System Name:		City of Roseburg		ID#:				
				41-00720				
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		0.03	0.03	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	0.03	0.03
4		0.03	0.03	0.03	0.03	0.03	0.03	0.03
5		0.03	0.03	0.03	0.03	0.03	0.03	0.03
6		0.03	0.03	0.03	0.03	0.03	0.03	0.03
7		0.03	0.03	0.03	0.03	0.03	0.03	0.03
8		0.03	0.03	0.03	0.03	0.03	0.03	0.03
9		0.03	0.03	0.03	0.03	0.03	0.03	0.03
10		0.03	0.03	0.03	0.03	0.03	0.03	0.03
11		0.03	0.03	0.03	0.03	0.03	0.03	0.03
12		0.03	0.03	0.03	0.03	0.03	0.03	0.03
13		0.03	0.03	0.03	0.03	0.03	0.03	0.03
14		0.03	0.03	0.03	0.03	0.03	0.03	0.03
15		0.03	0.03	0.03	0.03	0.03	0.03	0.03
16		0.03	0.03	0.03	0.03	0.03	0.03	0.03
17		0.03	0.03	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		0.03	0.03	0.03	0.03	0.03	0.03	0.03
20		0.03	0.03	0.03	0.03	0.03	0.03	0.03
21		0.03	0.03	0.03	0.03	0.03	0.03	0.03
22		0.03	0.03	0.03	0.03	0.03	0.03	0.03
23		0.03	0.03	0.03	0.03	0.03	0.03	0.03
24		0.03	0.03	0.03	0.03	0.03	0.03	0.03
25		0.03	0.03	0.03	0.03	0.03	0.03	0.03
26		0.03	0.03	0.03	0.03	0.03	0.03	0.03
27		0.03	0.03	0.03	0.03	0.03	0.03	0.03
28		0.03	0.03	0.03	0.03	0.03	0.03	0.03
29		0.03	0.03	0.03	0.03	0.03	0.03	0.03
30		0.03	0.03	0.03	0.03	0.03	0.03	0.03
31		0.03	0.03	0.03	0.03	0.03	0.03	0.03
<b>Conventional or Direct Filtration</b>						<b>Monthly Summary (Answer Yes or No)</b>		
95% of 4-hour turbidity readings $\leq$ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No						CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All 4-hour turbidity readings $\leq$ 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 <sup>2</sup> triggers <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No								
Notes:						PRINTED NAME: Andrew Albee		
						SIGNATURE: Andrew Albee	DATE: 11/1/24	
						PHONE #: (541) 492-7032	CERT #: 5221	

<sup>1</sup> 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 Efl. (333-061-0040(1)(e)(B&C))

## OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name:	City of Roseburg	ID#: 41-00720	Month/Year:	Oct-24	Disinfection Giardia Log Inactiv:	0.5
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.16	80.2	93.0	15.6	7.85	18.3	Yes	5000
2	1.17	80.1	93.7	15.6	7.88	18.5	Yes	4800
3	1.16	76.3	88.5	15.0	7.83	18.9	yes	5200
4	1.16	83.6	96.9	14.4	7.77	19.2	yes	4800
5	1.16	79.2	91.9	13.9	8.01	21.7	Yes	4800
6	1.13	72.9	82.4	14.4	7.91	20.1	Yes	5500
7	1.18	73.7	86.9	13.9	7.91	20.9	Yes	5500
8	1.17	82.7	96.7	15.0	7.87	19.2	Yes	4800
9	1.17	80.2	93.8	15.6	7.95	19.0	Yes	5000
10	1.17	79.4	92.9	15.0	7.68	17.9	Yes	5000
11	1.17	87.3	102.1	14.4	7.74	19.0	Yes	4500
12	1.16	82.7	95.9	14.4	7.74	19.0	Yes	4700
13	1.16	84.4	98.0	15.0	7.71	18.0	Yes	4700
14	1.13	81.8	92.4	15.0	7.72	18.0	Yes	4700
15	1.13	87.3	98.6	15.0	7.63	17.5	Yes	4500
16	1.13	89.1	100.7	14.4	7.69	18.6	Yes	4500
17	1.13	88.2	99.7	13.9	7.59	18.5	yes	4500
18	1.13	99.2	112.1	12.8	7.77	21.3	Yes	4000
19	1.1	85.3	93.8	12.8	7.81	21.5	Yes	4800
20	1.11	95.5	106.0	12.8	7.83	21.7	Yes	4200
21	1.12	98.5	110.3	12.8	7.83	21.7	Yes	4200
22	1.22	95.5	116.5	12.8	7.73	21.2	Yes	4200
23	1.22	95.5	116.5	12.2	7.80	22.6	Yes	4200
24	1.21	97.1	117.5	11.7	7.57	21.6	Yes	4000
25	1.22	101.3	123.6	11.1	7.60	22.7	Yes	4000
26	1.2	97.1	116.6	11.7	7.55	21.4	Yes	4000
27	1.2	119.0	142.8	12.2	7.57	20.8	Yes	3300
28	1.21	122.8	148.6	11.7	7.56	21.5	Yes	3300
29	1.18	122.8	144.9	11.7	7.66	22.2	Yes	3300
30	1.12	122.8	137.5	10.6	7.59	23.1	Yes	3300
31	1.11	87.9	97.6	10.0	7.51	23.4	Yes	4500

<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 October 2013