

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: Dec-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 ¹ [NTU]
1		0.03	0.03	0.03	0.04	0.04	0.07	0.12
2		0.12	0.05	0.03	0.03	0.03	0.03	0.12
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	0.30	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	0.04	0.04	0.04	0.04	0.03	0.04
31		0.03	0.03	0.03	0.03	0.03	0.03	0.04
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) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
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								
Notes:						PRINTED NAME: Andrew Albee		
						SIGNATURE: Andrew Albee	DATE: 1-1-2025	
						PHONE #: (541) 492-7032	CERT #: 5221	

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 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:	Dec-22	Disinfection Log	Giardia Inactiv:	0.5
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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	1.21	97.1	117.5	5.0	7.44	32.3	Yes	4000
2	1.22	99.2	121.0	5.0	7.81	37.0	Yes	4000
3	1.26	128.0	161.3	5.0	7.61	34.5	Yes	3100
4	1.25	126.7	158.3	5.0	7.59	34.2	Yes	3100
5	1.24	128.3	159.1	5.0	7.60	34.3	Yes	3100
6	1.23	125.9	154.8	5.6	7.40	30.6	Yes	3100
7	1.19	125.3	149.1	5.6	7.46	31.1	Yes	3100
8	1.21	130.7	158.2	6.1	7.49	30.5	Yes	3100
9	1.2	130.7	156.9	6.1	7.47	30.2	Yes	3100
10	1.17	128.6	150.5	6.1	7.49	30.3	Yes	3150
11	1.16	128.0	148.5	5.6	7.42	30.6	Yes	3100
12	1.2	99.2	119.1	5.6	7.41	30.6	yes	4000
13	1.2	124.0	148.8	5.6	7.42	30.7	yes	3100
14	1.11	117.7	130.7	6.1	7.47	29.9	Yes	3300
15	1.1	120.3	132.3	6.7	7.41	28.1	Yes	3300
16	1.11	117.7	130.7	7.2	7.55	28.6	Yes	3300
17	1.04	119.0	123.8	7.8	7.54	27.1	Yes	3300
18	1.02	119.0	121.4	8.9	7.38	23.8	Yes	3300
19	1.08	119.0	128.5	8.3	7.33	24.5	Yes	3300
20	1.09	117.0	127.5	8.3	7.35	24.7	Yes	3250
21	1.1	130.9	144.0	8.3	7.36	24.8	Yes	3000
22	1.09	135.8	148.0	8.3	7.38	24.9	Yes	2800
23	1.09	130.9	142.7	8.3	7.41	25.2	Yes	3000
24	1.02	132.3	134.9	8.9	7.38	23.8	Yes	3000
25	1.14	128.1	146.0	8.3	7.22	23.7	Yes	3000
26	1.15	130.9	150.5	8.3	7.30	24.4	Yes	3000
27	1.19	125.3	149.1	8.9	7.44	24.7	yes	3100
28	1.18	119.0	140.4	9.4	7.51	24.5	Yes	3300
29	1.11	119.0	132.1	9.4	7.59	25.0	Yes	3300
30	1.12	121.5	136.1	8.3	7.60	27.0	Yes	3300
31	1.16	120.3	139.5	7.8	7.55	27.6	Yes	3300

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013

Daily Clear Well Level
Minlimum
9.3
9.5
9.5
9.4
9.52
9.34
9.3
9.7
9.7
9.7
9.5
9.5
9.2
9.3
9.5
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9.4
9.6
9.5

0.03 .