

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Jan-25

System Name:	City of Roseburg		ID#: 41-00720				WTP : TP -	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	0.03	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	0.04	0.05	0.10	0.12	
15	0.10	0.05	0.04	0.03	0.03	0.03	0.10	
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	0.06	0.05	0.03	0.03	0.08	
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 ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No		
<b>Notes:</b>	<b>PRINTED NAME: Andrew Albee</b>		
	<b>SIGNATURE: Andrew Albee</b>		<b>DATE: 2/3/2025</b>
	<b>PHONE #: (541) 492-7032</b>		<b>CERT #:5221</b>

<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 Effl. (333-061-0040(1)(d)(B&C))

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

**WTP - :**

<b>System Name:</b>	City of Roseburg	<b>ID#:</b> 41-00720	<b>Month/Year:</b>	Jan-25	<b>Disinfection <i>Giardia</i> Log Inactive:</b>	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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	1.14	119.0	135.7	7.8	7.56	27.6	YES	3300
2	1.19	117.7	140.1	7.8	7.27	25.1	YES	3300
3	1.16	121.5	141.0	8.3	7.24	23.9	YES	3300
4	1.18	130.9	154.5	8.9	7.26	23.2	YES	3000
5	1.18	119.0	140.4	8.9	7.28	23.3	YES	3300
6	1.19	119.0	141.6	8.9	7.28	23.4	YES	3300
7	1.18	120.3	141.9	8.3	7.26	24.1	YES	3300
8	1.22	119.0	145.2	7.8	7.31	25.5	YES	3300
9	1.15	112.2	129.0	7.2	7.17	25.1	YES	3500
10	1.15	117.0	134.5	7.2	7.51	28.3	YES	3500
11	1.15	115.8	133.1	7.2	7.46	27.8	YES	3500
12	1.11	114.6	127.2	7.2	7.53	28.4	YES	3500
13	1.12	113.4	127.0	6.7	7.51	29.2	YES	3500
14	1.1	114.6	126.0	6.1	7.51	30.3	YES	3500
15	1.13	109.8	124.1	5.6	7.53	31.7	YES	3500
16	1.2	124.0	148.8	5.6	7.51	31.7	YES	3200
17	1.14	124.0	141.4	6.1	7.44	29.7	YES	3200
18	1.15	117.7	135.4	6.1	7.43	29.6	YES	3300
19	1.13	142.8	161.4	5.0	7.42	31.7	YES	2750
20	1.16	117.7	136.6	4.0	7.43	34.2	YES	3300
21	1.21	112.6	136.2	3.9	7.45	34.9	YES	3600
22	1.15	117.7	135.4	3.9	7.45	34.7	YES	3300
23	1.18	121.5	143.4	3.3	7.44	36.1	YES	3300
24	1.19	120.3	143.1	3.9	7.44	34.7	YES	3300
25	1.19	119.0	141.6	3.9	7.43	34.6	YES	3300
26	1.18	120.3	141.9	3.3	7.49	36.8	YES	3300
27	1.14	98.8	112.7	2.8	7.51	38.2	YES	4100
28	1.1	112.2	123.4	2.8	7.39	36.4	YES	3500
29	1.06	113.4	120.2	2.8	7.43	36.7	YES	3500
30	1.04	113.4	117.9	2.8	7.49	37.5	YES	3500
31	1.1	119.0	130.9	3.9	7.51	35.2	YES	3300

<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 November 2022

**Return by 10th of following month by email, fax, or mail to:**

[dwp.dmce@oha.oregon.gov](mailto:dwp.dmce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350