

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: Mar-25

WTP : TP - A

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 ¹ [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	0.30	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	0.04	0.03	0.04
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	0.04	0.04
17	0.04	0.04	0.04	0.04	0.03	0.03	0.04
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	0.04
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
Conventional or Direct Filtration					Monthly Summary (Answer Yes or No)		
95% of 4-hour turbidity readings \leq 0.3 NTU?				Yes / No	CT's met everyday? (see back)		All Cl2 residual at entry point \geq 0.2 mg/l?
All 4-hour turbidity readings \leq 1 NTU?				Yes / No	Yes / No		Yes / No
All turbidity readings < IFE ² triggers				Yes / No			
Notes:					PRINTED NAME: Andrew Albee		
					SIGNATURE: Andrew Albee		DATE: 4/1/2025
					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)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name:	City of Roseburg	ID#: 41-00720	Month/Year:	Mar-25	Disinfection Giardia Log Inactive:	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	1.2	130.9	157.1	8.3	7.77	29.0	YES	3000
2	1.2	142.8	171.4	8.9	7.78	28.0	YES	2750
3	1.13	132.3	149.5	8.9	7.76	27.5	YES	3000
4	1.16	133.7	155.1	8.9	7.77	27.7	YES	3000
5	1.12	132.3	148.2	8.3	7.76	28.6	YES	3000
6	1.13	124.0	140.1	8.3	7.81	29.2	YES	3200
7	1.15	125.3	144.1	8.3	7.70	28.1	YES	3200
8	1.17	117.7	137.7	7.8	7.77	29.9	YES	3300
9	1.13	129.4	146.2	7.8	7.77	29.8	YES	3100
10	1.08	128.0	138.3	8.3	7.72	28.1	YES	3100
11	1.22	104.4	127.4	8.9	7.56	25.9	YES	3800
12	1.18	97.8	115.5	8.3	7.66	27.8	YES	3800
13	1	122.7	122.7	7.8	7.82	29.9	YES	3200
14	1.05	124.0	130.2	7.2	7.75	30.5	YES	3200
15	1.13	135.4	153.0	7.8	7.80	30.1	YES	2900
16	1.09	138.8	151.2	8.3	7.73	28.2	YES	2800
17	1.09	118.8	129.5	8.9	7.54	25.3	YES	3200
18	1.22	124.0	151.3	8.9	7.66	26.9	YES	3200
19	1.22	125.3	152.9	8.9	7.60	26.3	YES	3200
20	1.17	130.6	152.8	7.8	7.60	28.1	YES	3000
21	1.19	130.9	155.8	7.8	7.60	28.2	YES	3000
22	1.18	129.5	152.8	8.3	7.48	26.1	YES	3000
23	1.17	122.6	143.5	8.9	7.55	25.7	YES	3100
24	1.16	111.0	128.8	9.4	7.51	24.4	YES	3500
25	1.2	111.0	133.2	10.0	7.53	23.8	YES	3500
26	1.18	113.4	133.8	10.6	7.51	22.6	YES	3500
27	1.19	111.0	132.1	10.0	7.69	25.1	YES	3500
28	1.17	133.7	156.4	9.4	7.68	26.0	YES	3000
29	1.13	129.5	146.3	8.9	7.66	26.6	YES	3000
30	1.19	144.3	171.7	8.9	7.66	26.8	YES	2750
31	1.2	130.9	157.1	8.9	7.67	26.9	YES	3000

³ If Cl₂ 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.dnce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Daily Clear Well Level
Minlimum
9.4
9.4
9.5
9.6
9.5
9.5
9.6
9.3
9.6
9.5
9.5
8.9
9.4
9.5
9.4
9.3
9.1
9.5
9.6
9.38
9.4
9.3
9.1
9.3
9.3
9.5
9.3
9.6
9.3
9.5
9.4