OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Douglas

Month/Year: May-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 [1] [NTU]
1	0.02	0.02	0.02	0.02	0.02	0.02	0.03
2	0.02	0.02	0.02	0.03	0.02	0.03	0.03
3	0.02	0.02	0.02	0.02	0.02	0.02	0.02
4	0.02	0.02	0.02	0.02	0.02	0.02	0.02
5	0.02	0.02	0.02	0.02	0.02	0.02	0.02
6	0.02	0.02	0.03	0.02	0.03	0.03	0.03
7	0.03	0.03	0.03	0.03	0.02	0.02	0.03
8	0.02	0.02	0.02	0.02	0.02	0.02	0.03
9	0.02	0.02	0.02	0.03	0.03	0.02	0.03
10	0.02	0.02	0.02	0.02	0.02	0.02	0.04
11	0.02	0.03	0.02	0.02	0.02	0.02	0.04
12	0.02	0.02	0.02	0.02	0.02	0.02	0.04
13	0.02	0.02	0.02	0.02	0.02	0.02	0.03
14	0.03	0.03	0.02	0.02	0.02	0.02	0.02
15	0.02	0.02	0.02	0.02	0.02	0.02	0.02
16	0.02	0.02	0.02	0.02	0.02	0.02	0.02
17	0.02	0.02	0.02	0.02	0.02	0.02	0.02
18	0.02	0.02	0.02	0.02	0.02	0.02	0.02
19	0.02	0.02	0.02	0.02	0.02	0.02	0.03
20	0.02	0.02	0.02	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	0.04	0.04	0.03	0.03	0.03	0.04
25	0.03	0.03	0.03	0.04	0.03	0.03	0.04
26	0.03	0.03	0.04	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

95% of 4-hour turbidity readings ≤ 0.3 NTU? **Yes / No**

All 4-hour turbidity readings ≤ 1 NTU? **Yes / No**

All turbidity readings < IFE[2] triggers **Yes / No**

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) **Yes / No**

All Cl2 residual at entry point ≥ 0.2 mg/l? **Yes / No**

Notes:

PRINTED NAME: Andrew Albee

SIGNATURE: Andrew Albee **DATE: 6/2/2025**

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 Effl. (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:**	**May-25**	**Disinfection *Giardia* 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	1.21	90.5	109.5	12.8	7.71	21.0	YES	4200
2	1.18	89.2	105.3	13.9	7.51	18.1	YES	4400
3	1.18	89.1	105.2	13.9	7.55	18.3	YES	4500
4	1.2	91.1	109.4	12.2	7.62	21.2	YES	4400
5	1.2	91.1	109.4	12.8	7.66	20.6	YES	4400
6	1.19	81.8	97.4	13.3	7.60	19.5	YES	4800
7	1.19	83.6	99.4	14.4	7.65	18.4	YES	4800
8	1.19	80.1	95.3	14.4	7.66	18.5	YES	4800
9	1.18	81.8	96.5	13.0	7.66	20.3	YES	4800
10	1.16	80.6	93.5	15.0	7.70	18.0	YES	4800
11	1.16	86.2	99.9	15.0	7.63	17.5	YES	4500
12	1.2	86.3	103.6	13.9	7.49	18.0	YES	4500
13	1.18	86.3	101.9	12.8	7.63	20.3	YES	4500
14	1.19	89.2	106.2	12.2	7.66	21.5	YES	4400
15	1.18	81.0	95.6	12.8	7.66	20.5	YES	5000
16	1.19	79.4	94.5	12.8	7.61	20.2	YES	5000
17	1.21	99.2	120.1	14.4	7.61	18.2	YES	4000
18	1.2	97.8	117.4	14.4	7.63	18.3	YES	4100
19	1.18	83.6	98.6	13.9	7.75	19.7	YES	4800
20	1.18	96.8	114.2	13.9	7.64	19.0	YES	4100
21	1.19	80.9	96.3	13.3	7.68	20.0	YES	4800
22	1.17	79.4	92.9	14.4	7.84	19.7	YES	5000
23	1.17	76.0	89.0	13.9	7.85	20.5	YES	5000
24	1.17	73.9	86.5	15.0	7.83	18.9	YES	5200
25	1.14	76.9	87.6	15.6	7.87	18.3	YES	5000
26	1.17	78.5	91.9	15.0	7.87	19.2	YES	5000
27	1.16	77.9	90.4	16.1	7.84	17.6	YES	5200
28	1.13	70.9	80.1	16.7	7.89	17.2	YES	5600
29	1.17	70.6	82.6	16.7	7.94	17.6	YES	5500
30	1.17	66.6	77.9	17.2	7.80	16.1	YES	5900
31	1.15	68.0	78.2	17.8	7.77	15.3	YES	5900

[3] If Cl_2 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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Daily Clear Well Level
MinImum
9.1
9.4
9.6
9.6
9.6
9.4
9.6
9.2
9.4
9.26
9.28
9.3
9.3
9.4
9.7
9.5
9.5
9.6
9.6
9.5
9.3
9.5
9.1
9.2
9.2
9.4
9.7
9.5
9.3
9.4
9.6