

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

## Conventional or Direct Filtration

County: Douglas

Month/Year: Jun-25

WTP : TP - A

System Name:		City of Roseburg		ID#:				
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	0.04
6		0.03	0.03	0.03	0.03	0.03	0.03	0.05
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	0.04
9		0.03	0.03	0.03	0.03	0.03	0.03	0.07
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	0.06
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	0.04
25		0.03	0.03	0.03	0.03	0.03	0.03	0.04
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								
<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				
Notes:							PRINTED NAME: Andrew Albee	
							SIGNATURE: Andrew Albee	DATE: 7/1/2025
							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 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:	Jun-25	Disinfection Giardia Log Inactive:	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	77.1	89.5	17.2	7.79	16.1	YES	5200
2	1.15	73.9	85.0	17.2	7.70	15.5	YES	5200
3	1.17	72.2	84.4	17.2	7.77	16.0	YES	5500
4	1.13	72.2	81.5	17.8	7.68	14.8	YES	5500
5	1.11	61.0	67.7	17.2	7.68	15.3	YES	6500
6	1.09	65.8	71.7	17.8	7.71	14.9	YES	6000
7	1.12	73.7	82.5	18.9	7.72	13.9	YES	5500
8	1.11	61.7	68.5	20.0	7.83	13.4	YES	6500
9	1.13	67.5	76.3	21.1	7.80	12.4	YES	6000
10	1.14	67.5	77.0	21.1	7.88	12.8	YES	6000
11	1.15	61.1	70.2	20.0	7.88	13.8	YES	6500
12	1.14	67.7	77.2	20.0	7.88	13.7	YES	5800
13	1.14	64.7	73.7	18.9	7.77	14.2	YES	6200
14	1.18	76.3	90.1	17.2	7.78	16.0	YES	5200
15	1.17	66.1	77.4	17.8	7.80	15.5	YES	6000
16	1.17	66.8	78.2	18.9	7.70	13.9	YES	6000
17	1.14	72.2	82.3	18.9	7.80	14.4	YES	5500
18	1.17	73.7	86.2	19.4	7.79	13.9	YES	5500
19	1.15	72.9	83.9	18.9	7.93	15.1	YES	5500
20	1.13	74.0	83.6	17.8	8.07	17.0	YES	5250
21	1.12	77.5	86.8	16.7	7.95	17.5	YES	5100
22	1.09	77.5	84.4	15.6	7.95	18.8	YES	5000
23	1.12	71.6	80.2	16.1	8.07	19.1	YES	5500
24	1.11	65.9	73.1	17.8	7.84	15.6	YES	6000
25	1.09	66.5	72.5	18.9	7.98	15.3	YES	6000
26	1.08	66.1	71.4	19.4	8.28	16.5	YES	6000
27	1.11	67.3	74.7	20.0	8.46	17.0	YES	5900
28	1.09	70.9	77.2	21.1	7.76	12.1	YES	5600
29	1.09	60.1	65.5	21.1	7.79	12.3	YES	6600
30	1.06	63.5	67.3	22.2	7.81	11.4	YES	6250
31								

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

Daily Clear Well Level
Minimum
9.6
9.2
9.5
9.5
9.49
9.45
9.7
9.6
9.7
9.7
9.5
9.4
9.6
9.5
9.5
9.6
9.5
9.7
9.6
9.3
9.46
9.27
9.43
9.46
9.55
9.5
9.5
9.5
9.5