

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Douglas**
 Month/Year: **Sep-25**

Conventional or Direct Filtration

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	0.04	0.04	0.04	0.04	0.04	0.04	0.04
2	0.04	0.04	0.04	0.04	0.04	0.04	0.04
3	0.04	0.04	0.04	0.04	0.04	0.04	0.04
4	0.04	0.04	0.04	0.04	0.04	0.04	0.04
5	0.04	0.04	0.04	0.04	0.04	0.04	0.04
6	0.04	0.05	0.04	0.04	0.04	0.04	0.05
7	0.04	0.04	0.04	0.04	0.04	0.04	0.04
8	0.04	0.04	0.04	0.04	0.04	0.04	0.04
9	0.04	0.04	0.04	0.04	0.04	0.04	0.04
10	0.04	0.04	0.04	0.04	0.03	0.03	0.04
11	0.04	0.03	0.04	0.03	0.03	0.03	0.04
12	0.03	0.03	0.03	0.04	0.03	0.03	0.04
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.03	0.03	0.04	0.03	0.03	0.05
15	0.04	0.03	0.03	0.03	0.03	0.03	0.04
16	0.03	0.03	0.03	0.03	0.03	0.03	0.06
17	0.03	0.03	0.03	0.03	0.03	0.03	0.05
18	0.04	0.03	0.03	0.03	0.03	0.03	0.04
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	0.03
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	0.04
26	0.03	0.03	0.03	0.03	0.30	0.03	0.05
27	0.03	0.03	0.03	0.03	0.03	0.03	0.04
28	0.04	0.03	0.03	0.04	0.03	0.03	0.04
29	0.04	0.03	0.03	0.03	0.03	0.03	0.04
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03
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Conventional or Direct Filtration 95% of 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No All 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No All turbidity readings < IFE² triggers <u>Yes</u> / No		Monthly Summary (Answer Yes or No) <table> <tr> <td>CT's met everyday? (see back)</td> <td>All Cl2 residual at entry point ≥ 0.2 mg/l?</td> </tr> <tr> <td align="center"><u>Yes</u> / No</td> <td align="center"><u>Yes</u> / No</td> </tr> </table>		CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?	<u>Yes</u> / No	<u>Yes</u> / No
CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?						
<u>Yes</u> / No	<u>Yes</u> / No						
Notes:		PRINTED NAME: Andrew Albee SIGNATURE: Andrew Albee 10/2/2025 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 = Indivd. 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:	Sep-25	Disinfection <i>Giardia</i> 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	1.15	69.7	80.2	21.1	8.44	15.7	YES	5750
2	1.15	70.5	81.0	21.1	8.42	15.6	YES	5750
3	1.13	70.5	79.6	21.7	8.43	15.0	YES	5750
4	1.12	60.8	68.1	21.7	8.35	14.6	YES	6600
5	1.09	72.9	79.5	22.2	8.24	13.5	YES	5500
6	1.13	72.9	82.4	21.7	8.29	14.3	YES	5500
7	1.13	72.9	82.4	21.1	8.51	16.1	YES	5500
8	1.1	65.4	71.9	20.0	8.27	15.8	YES	6200
9	1.03	87.3	89.9	20.0	8.17	15.1	YES	4500
10	1.2	85.3	102.4	19.4	8.08	15.5	YES	4700
11	1.22	82.7	100.9	19.4	8.07	15.5	YES	4750
12	1.21	63.5	76.8	18.9	8.09	16.1	YES	6250
13	1.19	82.6	98.3	18.3	8.05	16.5	YES	4750
14	1.17	85.2	99.7	18.9	8.08	16.0	YES	4600
15	1.22	85.3	104.0	17.8	7.96	16.5	YES	4600
16	1.24	75.0	92.9	17.8	8.05	17.1	YES	5200
17	1.14	76.0	86.6	18.3	8.03	16.3	YES	5200
18	1.15	72.2	83.0	18.3	8.29	17.9	YES	5500
19	1.17	84.4	98.8	18.3	8.35	18.4	YES	4700
20	1.16	85.3	99.0	18.3	7.91	15.6	YES	4700
21	1.15	88.2	101.4	17.8	7.82	15.6	YES	4500
22	1.09	88.2	96.1	17.2	7.95	16.9	YES	4500
23	1.09	83.6	91.1	17.2	7.91	16.6	YES	4850
24	1.08	72.4	78.2	17.2	7.90	16.6	YES	5600
25	1.04	88.8	92.3	17.2	8.26	18.8	YES	4500
26	1.04	82.1	85.4	16.7	8.26	19.5	YES	4750
27	1.05	86.3	90.6	16.1	8.13	19.3	YES	4600
28	1.05	91.5	96.1	16.1	8.11	19.2	YES	4200
29	1.1	92.5	101.8	15.6	8.07	19.7	YES	4200
30	1.1	102.5	112.7	15.0	7.83	18.7	YES	3750
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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

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