

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Nov-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	0.03	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	0.04
9	0.03	0.03	0.03	0.03	0.03	0.03	0.04
10	0.03	0.03	0.03	0.03	0.03	0.03	0.04
11	0.03	0.03	0.03	0.03	0.03	0.03	0.04
12	0.03	0.03	0.03	0.03	0.03	0.03	0.04
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	0.04
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	0.03
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
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Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	☒ Yes / ☐ No	CT's met everyday? (see back)	All Cl ₂ 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 ² triggers	☒ Yes / ☐ No		

Notes:	PRINTED NAME: Jeremy Pleske	
	SIGNATURE: <u>Jeremy Pleske</u>	12/3/2025
	PHONE #: (541) 492-7030	CERT #: 08402

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:	Nov-25	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Disinfection <i>Giardia</i> Log Inactive:</td> <td style="width:50%; text-align: center;">0.5</td> </tr> </table>	Disinfection <i>Giardia</i> Log Inactive:	0.5
Disinfection <i>Giardia</i> 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	1.15	126.6	145.6	10.6	7.81	25.1	YES	3200
2	1.14	124.0	141.4	10.6	7.67	23.8	YES	3200
3	1.15	119.0	136.8	10.6	7.77	24.7	YES	3300
4	1.15	122.8	141.2	10.6	7.73	24.4	YES	3300
5	1.17	130.7	152.9	10.6	7.66	23.8	YES	3100
6	1.17	148.9	174.2	10.6	7.69	24.1	YES	2750
7	1.14	135.1	154.0	11.1	7.70	23.3	YES	3000
8	1.08	122.8	132.7	10.6	7.69	23.8	YES	3200
9	1.05	124.4	130.6	10.0	7.62	24.1	YES	3200
10	1.09	124.2	135.3	10.0	7.62	24.2	YES	3200
11	1.06	122.2	129.5	10.6	7.66	23.5	YES	3200
12	1.17	123.1	144.0	10.0	7.68	25.0	YES	3200
13	1.21	126.6	153.2	10.0	7.68	25.1	YES	3200
14	1.18	116.7	137.7	10.6	7.68	24.0	YES	3400
15	1.13	115.8	130.8	11.1	7.70	23.3	YES	3500
16	1.15	114.6	131.8	10.6	7.69	24.0	YES	3500
17	1.18	126.7	149.5	10.6	7.70	24.2	YES	3100
18	1.19	119.0	141.6	10.0	7.65	24.8	YES	3300
19	1.2	120.3	144.3	9.4	7.77	26.9	YES	3300
20	1.18	129.2	152.5	9.4	7.85	27.7	YES	3100
21	1.2	136.7	164.1	8.9	7.86	28.8	YES	2900
22	1.21	145.8	176.5	8.3	7.86	30.0	YES	2750
23	1.19	129.4	154.0	8.3	7.81	29.4	YES	3100
24	1.16	129.4	150.1	8.3	7.84	29.6	YES	3100
25	1.13	133.7	151.1	8.3	7.87	29.8	YES	3000
26	1.12	144.3	161.6	8.3	7.82	29.3	YES	2750
27	1.09	148.5	161.9	7.8	7.74	29.3	YES	2700
28	1.09	117.0	127.5	8.3	7.75	28.4	YES	3250
29	1.09	119.5	130.3	8.3	7.77	28.7	YES	3250
30	1.09	174.7	190.4	8.3	7.71	28.0	YES	2200
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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.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350