

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Douglas

Conventional or Direct Filtration

Month/Year: Dec-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 <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	0.03	
6	0.03	0.03	0.03	0.03	0.03	0.03	0.06	
7	0.03	0.03	0.03	0.03	0.03	0.03	0.05	
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	0.03	
11	0.03	0.03	0.03	0.03	0.03	0.03	0.03	
12	0.02	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	0.07	
19	0.03	0.03	0.03	0.03	0.03	0.04	0.05	
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	0.03	
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	

<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		
<b>Notes:</b>	<b>PRINTED NAME: Jeremy Pieske</b>		
	<b>SIGNATURE: Jeremy Pieske</b>		<b>DATE: 1/1/2026</b>
	<b>PHONE #: (541) 492-7030</b>		<b>CERT #08402</b>

<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 - :**

<b>System Name:</b> City of Roseburg	<b>ID#: 41-00720</b>	<b>Month/Year:</b> Dec-25	<b>Disinfection <i>Giardia</i> Log Inactive:</b> 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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	1.13	136.9	154.6	8.3	7.70	28.1	YES	2900
2	1.23	138.3	170.1	7.8	7.77	30.1	YES	2900
3	1.23	135.4	166.6	7.2	7.74	31.0	YES	2900
4	1.19	139.7	166.3	6.7	7.78	32.4	YES	2900
5	1.19	147.4	175.4	6.7	7.78	32.4	YES	2750
6	1.16	158.4	183.8	7.2	7.74	30.8	YES	2500
7	1.11	129.1	143.3	8.3	7.62	27.2	YES	3000
8	1	131.6	131.6	8.9	7.60	25.6	YES	3000
9	1.11	144.5	160.4	9.4	7.62	25.3	YES	2750
10	1.12	133.7	149.7	9.4	7.61	25.2	YES	3000
11	1.09	126.6	138.0	10.0	7.72	25.1	YES	3200
12	1.09	124.0	135.2	8.9	7.66	26.5	YES	3200
13	1.08	151.0	163.1	7.8	7.59	27.7	YES	2600
14	1.13	154.2	174.3	7.2	7.78	31.1	YES	2600
15	1.17	129.4	151.4	7.2	7.67	30.1	YES	3100
16	1.14	129.4	147.5	7.8	7.66	28.7	YES	3100
17	1.23	132.3	162.7	8.9	7.68	27.1	YES	3000
18	1.12	131.5	147.2	9.4	7.66	25.7	YES	3000
19	1.04	141.6	147.3	9.4	7.59	24.8	YES	2800
20	1.08	114.6	123.8	8.9	7.36	23.7	YES	3500
21	1.21	115.8	140.1	8.3	7.47	26.1	YES	3500
22	1.06	113.4	120.2	8.3	7.51	26.0	YES	3500
23	1.12	133.7	149.7	8.3	7.47	25.8	YES	3000
24	1.13	141.7	160.2	7.8	7.53	27.3	YES	2800
25	1.1	157.1	172.8	8.3	7.57	26.7	YES	2500
26	1.1	140.2	154.3	8.3	7.66	27.6	YES	2800
27	1.09	134.0	146.0	7.8	7.61	28.0	YES	2900
28	1.11	129.6	143.9	7.8	7.60	27.9	YES	2900
29	1.2	113.4	136.1	6.7	7.51	29.4	YES	3500
30	1.19	112.2	133.5	6.7	7.57	30.1	YES	3500
31	1.16	128.1	148.6	6.1	7.57	31.2	YES	3000

<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.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Daily Clear Well Level
Minimum
9.5
9.6
9.4
9.7
9.7
9.48
9.27
9.45
9.51
9.6
9.7
9.5
9.4
9.6
9.6
9.6
9.5
9.44
9.49
9.6
9.7
9.5
9.6
9.5
9.4
9.4
9.3
9
9.5
9.4
9.2