

**OHA - Drinking Water Program – Turbidity Monitoring Report Form County: Douglas  
Conventional or Direct Filtration**

System Name: ROSEBURG FOREST PROD - DILLARD ID #: OR4194300 WTP-:WTP-A Month/Year: 11/2023

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1	OFF	OFF	.048	.057	OFF	OFF	.057
2	OFF	OFF	.049	.050	OFF	OFF	.050
3	OFF	OFF	.050	.044	OFF	OFF	.050
4	OFF	OFF	OFF	.049	OFF	OFF	.049
5	OFF	OFF	.049	OFF	OFF	OFF	.049
6	OFF	OFF	.049	.065	OFF	OFF	.065
7	OFF	OFF	.051	.050	OFF	OFF	.051
8	OFF	OFF	OFF	.063	OFF	OFF	.063
9	OFF	OFF	.079	.064	OFF	OFF	.079
10	OFF	OFF	OFF	.150	OFF	OFF	.150
11	OFF	OFF	.088	OFF	OFF	OFF	.088
12	OFF	OFF	.066	OFF	OFF	OFF	.066
13	OFF	OFF	.055	OFF	OFF	OFF	.055
14	OFF	OFF	.051	.048	OFF	OFF	.051
15	OFF	OFF	.050	.044	OFF	OFF	.050
16	OFF	OFF	.049	.044	OFF	OFF	.049
17	OFF	OFF	.049	.041	OFF	OFF	.049
18	OFF	OFF	.058	OFF	OFF	OFF	.058
19	OFF	OFF	.056	OFF	OFF	OFF	.056
20	OFF	OFF	.056	OFF	OFF	OFF	.056
21	OFF	OFF	.053	.049	OFF	OFF	.053
22	OFF	OFF	.056	.051	OFF	OFF	.056
23	OFF	OFF	.072	OFF	OFF	OFF	.072
24	OFF	OFF	.076	OFF	OFF	OFF	.076
25	OFF	OFF	.068	.099	OFF	OFF	.099
26	OFF	.056	.049	OFF	OFF	OFF	.056
27	OFF	.047	.044	OFF	OFF	.047	.047
28	OFF	OFF	.042	.041	OFF	OFF	.042
29	OFF	OFF	.043	OFF	OFF	OFF	.043
30	OFF	OFF	.042	.038	OFF	OFF	.042
31							

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Notes:	
		PRINTED NAME: Robert Fowler	
		SIGNATURE: <i>Robert Fowler</i>	DATE: 12-1-23
		PHONE #: (541) 679-2549	CERT #: T-08679 D-08666

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. IFE = Individ. Filter Effl. (OAR 333-061-0040(1)(e)(B&C))

## OHA - Drinking Water Program -- Surface Water Quality Data Form

ROSEBURG FOREST PROD - DILLARD ID #: OR4194300 WTP-: WTP-A Month/Year: 11/2023

Required Log Inactivation: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]		Use tables	Yes / No	[GPM]
1 8:00 AM	.75	224	168	20.0	7.07	9	Yes	6.7
2 8:00 AM	.82	224	183	20.4	7.07	9	Yes	6.7
3 8:00 AM	.82	224	183	20.6	7.07	9	Yes	6.7
4 8:00 AM	.81	224	181	20.2	7.07	9	Yes	6.7
5 8:00 AM	.74	224	165	20.4	7.09	9	Yes	6.7
6 8:00 AM	.69	224	154	19.9	7.08	12	Yes	6.7
7 8:00 AM	.62	224	138	19.7	7.09	12	Yes	6.7
8 8:00 AM	.46	224	103	19.9	7.11	12	Yes	6.7
9 8:00 AM	.93	224	208	19.6	7.13	12	Yes	6.7
10 8:00 AM	1.11	224	248	18.9	7.14	13	Yes	6.7
11 8:00 AM	1.35	224	302	18.7	7.17	15	Yes	6.7
12 8:00 AM	1.37	224	306	19.1	7.19	16	Yes	6.7
13 8:00 AM	1.31	224	293	19.0	7.19	15	Yes	6.7
14 8:00 AM	1.19	224	266	19.3	7.24	15	Yes	6.7
15 8:00 AM	1.03	224	230	19.0	7.24	15	Yes	6.7
16 8:00 AM	1.05	224	235	19.5	7.24	15	Yes	6.7
17 8:00 AM	.95	224	212	19.7	7.22	15	Yes	6.7
18 8:00 AM	.84	224	188	19.4	7.21	15	Yes	6.7
19 8:00 AM	.77	224	172	19.7	7.23	15	Yes	6.7
20 8:00 AM	.78	224	174	19.8	7.22	15	Yes	6.7
21 8:00 AM	.87	224	194	19.6	7.27	15	Yes	6.7
22 8:00 AM	1.10	224	246	18.1	7.28	15	Yes	6.7
23 8:00 AM	1.08	224	241	19.0	7.27	15	Yes	6.7
24 8:00 AM	1.05	224	235	18.8	7.26	15	Yes	6.7
25 8:00 AM	1.11	224	248	17.3	7.27	15	Yes	6.7
26 8:00 AM	1.29	224	288	17.1	7.27	15	Yes	6.7
27 8:00 AM	1.23	224	275	16.4	7.28	15	Yes	6.7
28 8:00 AM	1.34	224	300	16.0	7.26	15	Yes	6.7
29 8:00 AM	1.30	224	291	15.8	7.31	15	Yes	6.7
30 8:00 AM	1.25	224	280	15.4	7.31	15	Yes	6.7
31 /								

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/L, OR CT not met, notify DWP by end of next business day.