

**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: 12/2023

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	.041	.044	OFF	OFF	.044
2	OFF	OFF	.045	OFF	OFF	OFF	.045
3	OFF	OFF	.044	OFF	OFF	OFF	.044
4	OFF	OFF	.043	OFF	OFF	OFF	.043
5	OFF	OFF	.069	.058	OFF	OFF	.069
6	OFF	OFF	.180	.084	OFF	OFF	.180
7	OFF	OFF	.118	.073	OFF	OFF	.118
8	OFF	OFF	.104	.060	OFF	OFF	.104
9	OFF	OFF	.076	OFF	OFF	OFF	.076
10	OFF	OFF	.064	OFF	OFF	OFF	.064
11	OFF	OFF	.053	OFF	OFF	OFF	.053
12	OFF	.070	OFF	.098	OFF	OFF	.098
13	OFF	OFF	.055	.044	OFF	OFF	.055
14	OFF	OFF	.043	.038	OFF	OFF	.043
15	OFF	OFF	.039	.035	OFF	OFF	.039
16	OFF	OFF	.159	OFF	OFF	OFF	.159
17	OFF	OFF	.078	OFF	OFF	OFF	.078
18	OFF	OFF	.064	OFF	OFF	OFF	.064
19	.069	OFF	.055	.041	OFF	OFF	.069
20	OFF	OFF	.054	.048	OFF	OFF	.054
21	OFF	OFF	.046	.051	OFF	OFF	.051
22	OFF	OFF	.053	.036	OFF	OFF	.053
23	OFF	OFF	.046	OFF	OFF	OFF	.046
24	OFF	OFF	.044	OFF	OFF	OFF	.044
25	OFF	OFF	.042	OFF	OFF	OFF	.042
26	OFF	OFF	.041	.035	OFF	OFF	.041
27	OFF	OFF	OFF	.040	OFF	OFF	.040
28	OFF	OFF	.039	.034	OFF	OFF	.039
29	OFF	OFF	.040	OFF	OFF	OFF	.040
30	OFF	OFF	.150	OFF	OFF	OFF	.150
31	OFF	OFF	.076	OFF	OFF	OFF	.076

<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	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 the 4-hour turbidity readings ≤ 1 NTU? <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: Robert Fowler	DATE: 1-2-24	
	PHONE #: (531) 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 Eff. (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: 12/2023

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 8:00AM	1.08	224	241	16.1	7.32	15	Yes	6.7
2 8:00AM	1.07	224	239	16.0	7.32	15	Yes	6.7
3 8:00AM	1.02	224	228	17.3	7.31	15	Yes	6.7
4 8:00AM	.91	224	203	18.5	7.30	15	Yes	6.7
5 8:00AM	.86	224	192	17.8	7.36	15	Yes	6.7
6 8:00AM	.81	224	181	19.0	7.33	15	Yes	6.7
7 8:00AM	.98	224	219	17.4	7.33	15	Yes	6.7
8 8:00AM	1.02	224	228	16.2	7.27	15	Yes	6.7
9 8:00AM	.98	224	219	15.8	7.30	15	Yes	6.7
10 8:00AM	.97	224	217	17.5	7.28	15	Yes	6.7
11 8:00AM	.93	224	208	17.8	7.27	15	Yes	6.7
12 8:00AM	.97	224	217	17.4	7.24	15	Yes	6.7
13 8:00AM	1.07	224	239	16.9	7.32	15	Yes	6.7
14 8:00AM	1.11	224	248	16.9	7.30	15	Yes	6.7
15 8:00AM	1.05	224	235	16.6	7.27	15	Yes	6.7
16 8:00AM	1.06	224	237	16.4	7.27	15	Yes	6.7
17 8:00AM	1.11	224	248	17.6	7.23	15	Yes	6.7
18 8:00AM	1.10	224	246	17.0	7.25	15	Yes	6.7
19 8:00AM	1.12	224	250	17.1	7.23	15	Yes	6.7
20 8:00AM	1.21	224	271	16.9	7.25	15	Yes	6.7
21 8:00AM	1.18	224	264	18.7	7.24	15	Yes	6.7
22 8:00AM	1.16	224	259	17.4	7.34	15	Yes	6.7
23 8:00AM	1.06	224	273	16.7	7.25	15	Yes	6.7
24 8:00AM	1.02	224	228	16.2	7.24	15	Yes	6.7
25 8:00AM	.97	224	217	17.8	7.24	15	Yes	6.7
26 8:00AM	.90	224	201	18.1	7.32	15	Yes	6.7
27 8:00AM	.92	224	206	18.4	7.27	15	Yes	6.7
28 8:00AM	.87	224	194	17.3	7.29	15	Yes	6.7
29 8:00AM	.94	224	210	17.3	7.28	15	Yes	6.7
30 8:00AM	.94	224	210	17.7	7.28	15	Yes	6.7
31 8:00AM	1.06	224	237	17.7	7.29	15	Yes	6.7

<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.