

**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: 2/2026

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	.074	off	off	off	.074
2	off	off	.078	off	off	off	.078
3	off	off	.084	off	off	off	.084
4	off	off	.104	off	off	off	.104
5	off	off	.104	off	.250	off	.250
6	off	off	.127	off	off	off	.127
7	off	off	off	.115	off	off	.115
8	off	off	.077	off	off	off	.077
9	off	off	.077	off	off	off	.077
10	off	off	.075	off	off	off	.075
11	off	off	.100	off	off	off	.100
12	off	off	.127	off	off	off	.127
13	off	off	.134	off	off	off	.134
14	off	off	off	.169	off	off	.169
15	off	off	.110	off	off	off	.110
16	off	off	.107	off	off	off	.107
17	off	off	.106	off	off	off	.106
18	off	off	.110	off	off	off	.110
19	off	off	.100	off	off	off	.100
20	off	off	.096	off	off	off	.096
21	off	off	.105	off	off	off	.105
22	off	off	.096	off	off	off	.096
23	off	off	off	.141	off	off	.141
24	off	off	.129	off	off	off	.129
25	off	off	.099	off	off	off	.099
26	off	off	off	.129	off	off	.129
27	off	off	.140	off	off	off	.140
28	off	off	off	.177	off	off	.177
29							
30							
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
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 ₂ 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 < IFC ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
Notes:	PRINTED NAME: <u>Robert Fowler</u>		
	SIGNATURE: <u>Robert Fowler</u>	DATE: <u>3-3-26</u>	
	PHONE #: <u>(541) 679-2549</u>	CERT #: <u>T-08679</u> <u>D-08666</u>	

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 = Indivd. 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: 2/2026

Required Log Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1 18:00 AM	1.35	224	302	14.0	6.99	19	YES	6.7
2 18:00 AM	1.41	224	315	14.4	6.82	19	YES	6.7
3 18:00 AM	1.04	224	232	14.6	6.78	19	YES	6.7
4 18:00 AM	1.05	224	235	15.2	6.91	13	YES	6.7
5 18:00 AM	1.03	224	230	15.1	7.09	13	YES	6.7
6 18:00 AM	.82	224	183	15.1	6.85	12	YES	6.7
7 18:00 AM	.85	224	190	15.1	6.85	12	YES	6.7
8 18:00 AM	.85	224	190	15.2	7.06	12	YES	6.7
9 18:00 AM	.87	224	194	15.1	6.88	12	YES	6.7
10 18:00 AM	.84	224	188	15.6	6.83	12	YES	6.7
11 18:00 AM	.99	224	221	15.7	6.84	13	YES	6.7
12 18:00 AM	1.22	224	273	15.7	6.95	13	YES	6.7
13 18:00 AM	1.26	224	282	15.9	6.76	13	YES	6.7
14 18:00 AM	1.22	224	273	16.0	6.71	13	YES	6.7
15 18:00 AM	1.18	224	264	16.1	6.87	13	YES	6.7
16 18:00 AM	1.01	224	226	15.9	6.77	13	YES	6.7
17 18:00 AM	.92	224	206	15.7	6.74	13	YES	6.7
18 18:00 AM	.80	224	179	15.6	6.75	12	YES	6.7
19 18:00 AM	.74	224	165	15.6	6.79	12	YES	6.7
20 18:00 AM	.76	224	170	15.5	6.70	12	YES	6.7
21 18:00 AM	.67	224	150	15.8	6.84	12	YES	6.7
22 18:00 AM	.60	224	134	16.5	6.69	12	YES	6.7
23 18:00 AM	.62	224	138	16.7	6.81	12	YES	6.7
24 18:00 AM	.67	224	150	17.0	6.81	12	YES	6.7
25 18:00 AM	.85	224	190	17.2	6.85	12	YES	6.7
26 18:00 AM	.86	224	192	16.9	6.89	12	YES	6.7
27 18:00 AM	1.00	224	224	16.8	6.80	13	YES	6.7
28 18:00 AM	1.08	224	241	16.6	6.83	13	YES	6.7
29 /								
30 /								
31 /								

³ If Cl₂ at entry point < 0.2 mg/L, OR CT not met, notify DWP by end of next business day.