

OHA - Drinking Water Services -Turbidity Monitoring Report Form

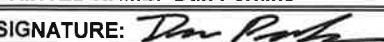
Conventional or Direct Filtration

County:

Jackson

Month/Year:

May-21

System Name:		Medford Water Commission		ID#:	41	00513	WTP : TP - B	
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		0.42	OFF	0.04	0.05	0.04	0.04	0.05
2		OFF	OFF	0.04	0.04	0.05	0.04	0.05
3		OFF	OFF	0.04	0.04	0.04	0.04	0.05
4		OFF	OFF	0.05	0.04	0.04	0.04	0.05
5		OFF	OFF	0.05	0.04	0.05	0.04	0.05
6		0.04	OFF	0.04	0.04	0.05	0.05	0.05
7		0.05	OFF	0.05	0.04	0.05	0.04	0.05
8		0.02	OFF	0.04	0.05	0.04	0.04	0.05
9		OFF	OFF	0.04	0.04	0.04	0.05	0.05
10		0.04	0.05	0.04	0.04	0.04	0.05	0.05
11		0.05	0.05	0.04	0.05	0.05	0.04	0.05
12		0.05	0.04	0.05	0.05	0.04	0.05	0.05
13		0.05	0.04	0.05	0.04	0.05	0.04	0.05
14		0.05	0.05	0.05	0.05	0.05	0.05	0.05
15		OFF	0.05	0.05	0.05	0.05	0.05	0.05
16		0.05	0.04	0.05	0.05	0.05	0.05	0.05
17		0.05	0.05	0.05	0.05	0.05	0.05	0.05
18		0.05	0.05	0.06	0.04	0.05	0.04	0.06
19		0.05	0.05	0.04	0.04	0.05	0.04	0.05
20		0.05	0.04	0.05	OFF	0.05	0.05	0.05
21		0.05	0.05	0.05	0.05	0.05	0.05	0.05
22		0.05	0.05	0.04	0.04	0.04	0.04	0.06
23		0.04	0.04	0.04	0.04	0.04	0.04	0.04
24		0.04	0.05	0.05	0.04	0.05	0.05	0.05
25		0.04	0.04	0.04	0.04	0.04	0.05	0.05
26		0.05	0.05	0.04	0.04	0.05	0.05	0.05
27		0.05	0.05	0.04	0.04	0.03	0.04	0.05
28		0.04	0.04	0.04	0.04	0.04	0.04	0.04
29		0.04	0.04	0.04	0.04	0.04	0.03	0.04
30		0.04	0.04	0.04	0.04	0.04	0.05	0.05
31		0.05	0.05	0.04	0.04	0.04	0.04	0.05
Conventional or Direct Filtration						Monthly Summary (Answer Yes or No)		
95% of 4-hour turbidity readings ≤ 0.3 NTU?			Yes	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	Yes		Yes		
All turbidity readings < IFE ² triggers			Yes					
Notes:						PRINTED NAME: Dan Perkins SIGNATURE:  PHONE #: (541) 774-2742		
						DATE: 6/2/2021		
						CERT #: 2339		

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 Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

B

System Name:	Medford Water Commission	ID#:	41	00513	Month/Year:	May-21	Disinfection Giardia Log Inactive:	0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp ° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.78	124	96.7	13.9	7.24	15.6	YES	10417
2	0.65	63	41.0	13.9	7.37	16.2	YES	19444
3	0.74	78	57.7	13.3	7.3	16.6	YES	16667
4	0.81	64	51.8	12.8	7.37	17.7	YES	18750
5	0.75	61	45.8	15.6	7.21	13.7	YES	20139
6	0.81	59	47.8	15.6	7.22	13.9	YES	20833
7	0.79	61	48.2	14.4	7.21	15.0	YES	20139
8	0.94	78	73.3	11.1	7.31	19.9	YES	16667
9	0.8	79	63.2	13.3	7.34	16.9	YES	15278
10	0.82	64	52.5	14.4	7.23	15.1	YES	18750
11	0.8	82	65.6	12.8	7.31	17.3	YES	15972
12	0.83	49	40.7	11.7	7.26	18.6	YES	25000
13	0.82	47	38.5	14.4	7.21	15.0	YES	26389
14	0.9	49	44.1	13.3	7.24	16.5	YES	25000
15	0.85	78	66.3	15	7.24	14.6	YES	16667
16	0.81	61	49.4	13.9	7.28	15.9	YES	20139
17	0.81	63	51.0	12.8	7.35	17.6	YES	19444
18	0.79	73	57.7	15.6	7.21	13.8	YES	16667
19	0.72	64	46.1	14.4	7.24	15.0	YES	18750
20	0.83	76	63.1	12.8	7.35	17.6	YES	15972
21	0.82	87	71.3	11.7	7.35	19.1	YES	13889
22	0.85	79	67.2	11.7	7.33	19.0	YES	15278
23	0.79	63	49.8	11.7	7.36	19.1	YES	19444
24	0.79	67	52.9	11.7	7.39	19.3	YES	18056
25	0.79	76	60.0	12.2	7.38	18.6	YES	15972
26	0.82	76	62.3	11.7	7.27	18.6	YES	15972
27	0.84	63	52.9	13.3	7.32	16.9	YES	19444
28	0.84	78	65.5	11.1	7.25	19.2	YES	16667
29	0.82	82	67.2	12.8	7.26	17.0	YES	15972
30	0.83	67	55.6	12.2	7.33	18.4	YES	18056
31	0.81	61	49.4	12.2	7.38	18.7	YES	20139

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised December 2018

Return by 10th of following month by email, fax, or mail to:

dwp_dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350