

OHA - Drinking Water Services -Turbidity Monitoring Report Form

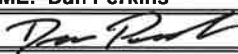
County: Jackson

Conventional or Direct Filtration

Month/Year: Jun-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 <sup>1</sup> [NTU]
1	0.04	0.04	0.04	0.04	0.04	0.05	0.05
2	0.04	0.04	0.04	0.04	0.04	0.04	0.05
3	0.03	0.04	0.44	0.06	0.05	0.04	0.45
4	0.04	0.04	0.03	0.03	0.04	0.04	0.19
5	0.04	0.03	0.04	0.04	0.04	0.04	0.05
6	0.03	0.03	0.04	0.04	0.04	0.04	0.04
7	0.04	0.04	0.04	0.04	0.04	0.04	0.04
8	0.04	0.04	0.04	0.04	0.04	0.04	0.04
9	0.04	0.04	0.04	0.04	0.04	0.04	0.04
10	0.04	0.04	0.04	0.04	0.04	0.04	0.04
11	0.04	0.04	0.04	0.04	0.03	0.04	0.04
12	0.04	0.04	0.04	0.04	0.04	0.04	0.04
13	0.04	0.04	0.04	0.04	0.04	0.05	0.05
14	0.05	0.05	0.04	0.04	OFF	0.04	0.05
15	0.04	0.04	0.04	0.04	0.04	0.04	0.05
16	0.05	0.04	0.04	0.04	0.04	0.04	0.05
17	0.04	0.04	0.04	0.04	0.04	0.04	0.04
18	0.04	0.04	0.03	0.04	0.05	0.04	0.05
19	0.04	0.04	0.04	0.04	0.04	0.04	0.05
20	0.04	0.04	0.04	0.04	0.04	0.04	0.04
21	0.04	0.04	0.04	0.04	0.04	0.04	0.05
22	0.04	0.04	0.04	0.04	0.04	0.42	0.42
23	0.04	0.06	0.04	0.04	0.05	0.05	0.06
24	0.05	0.04	0.04	0.04	0.04	0.05	0.05
25	0.04	0.05	0.04	0.04	0.04	0.05	0.05
26	0.05	0.04	0.04	0.04	0.04	0.05	0.05
27	0.05	0.05	0.04	0.04	0.04	0.05	0.05
28	0.05	0.05	0.04	0.04	0.04	0.05	0.06
29	0.05	0.05	0.04	0.05	0.04	0.05	0.05
30	0.05	0.06	0.04	0.04	0.02	0.04	0.06
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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 Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE <sup>2</sup> triggers	Yes		

Notes: Performed OHA approved Tracer Study on June 3, 2021	PRINTED NAME: Dan Perkins	
	SIGNATURE: 	DATE: 7/1/2021
	PHONE #: ( 541 ) 774-2742	CERT #: 2339

<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: Medford Water Commission ID#: 41 00513 Month/Year: Jun-21 Disinfection *Giardia* Log Inactive: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.78	59	46.0	13.3	7.25	16.3	YES	20833
2	0.84	59	49.6	14.4	7.27	15.4	YES	20833
3	0.81	23	18.6	11.7	7.02	17.1	YES	31944
4	0.84	59	49.6	12.8	7.25	17.0	YES	20833
5	0.85	52	44.2	13.9	7.27	15.9	YES	23611
6	0.87	70	60.9	12.8	7.24	17.0	YES	18750
7	0.79	59	46.6	13.3	7.23	16.2	YES	20833
8	0.87	59	51.3	10.6	7.35	20.7	YES	20833
9	0.72	76	54.7	11.1	7.35	19.7	YES	15972
10	0.82	76	62.3	12.8	7.24	16.9	YES	15972
11	0.84	124	104.2	13.9	7.3	16.1	YES	10417
12	0.82	114	93.5	12.2	7.21	17.6	YES	10417
13	0.83	107	88.8	13.9	7.28	15.9	YES	11111
14	0.84	85	71.4	15	7.32	15.1	YES	15278
15	0.78	79	61.6	13.3	7.33	16.8	YES	15278
16	0.79	61	48.2	14.4	7.3	15.5	YES	20139
17	0.78	59	46.0	14.4	7.27	15.3	YES	20833
18	0.7	61	42.7	15	7.2	14.2	YES	20139
19	0.7	64	44.8	14.4	7.25	15.0	YES	18750
20	0.75	76	57.0	14.4	7.34	15.6	YES	15972
21	0.73	59	43.1	15	7.31	14.8	YES	20833
22	0.74	59	43.7	17.8	7.24	12.0	YES	20833
23	0.61	76	46.4	15	7.29	14.5	YES	20833
24	0.7	63	44.1	15	7.32	14.8	YES	19444
25	0.76	64	48.6	15.6	7.33	14.4	YES	18750
26	0.73	61	44.5	14.4	7.23	15.0	YES	20139
27	0.67	54	36.2	16.1	7.24	13.3	YES	20833
28	0.76	47	35.7	15	7.31	14.9	YES	24306
29	0.74	48	35.5	14.4	7.28	15.3	YES	25694
30	0.7	62	43.4	16.7	7.28	13.0	YES	21528
31	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	#VALUE!	N/A

<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 December 2018

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

[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350