

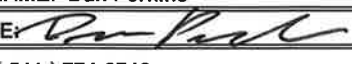
**OHA - Drinking Water Services -Turbidity Monitoring Report Form**  
**Conventional or Direct Filtration**

County: **Jackson**  
 Month/Year: **Jul-21**

**System Name: Medford Water Commission ID#: 41 00513 WTP : EP - 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	0.04	0.05
2	0.05	0.04	0.04	0.04	0.04	0.04	0.05
3	0.04	0.05	0.04	0.04	0.04	0.04	0.05
4	0.04	0.04	0.04	0.04	0.04	0.05	0.05
5	0.05	0.05	0.04	0.04	0.05	0.05	0.05
6	0.04	0.05	0.04	0.04	0.05	0.05	0.05
7	0.05	0.05	0.04	0.04	0.04	0.05	0.05
8	0.05	0.05	0.04	0.04	0.05	0.05	0.05
9	0.05	0.05	0.05	0.05	0.05	0.05	0.05
10	0.05	0.04	0.05	0.05	0.05	0.05	0.05
11	0.05	0.05	0.05	0.06	0.05	0.05	0.06
12	0.05	0.05	0.04	0.04	0.04	0.05	0.05
13	0.05	0.05	0.04	0.04	0.04	0.05	0.05
14	0.05	0.06	0.05	0.05	0.05	0.05	0.06
15	0.05	0.05	0.05	0.04	0.05	0.05	0.05
16	0.05	0.04	0.05	0.05	0.05	0.05	0.05
17	0.05	0.04	0.05	0.04	0.05	0.05	0.05
18	0.05	0.05	0.05	0.05	0.05	0.06	0.06
19	0.05	0.05	0.04	0.05	0.05	0.05	0.05
20	0.05	0.05	0.05	0.05	0.04	0.06	0.06
21	0.05	0.05	0.05	0.05	0.05	0.05	0.06
22	0.05	0.05	0.04	0.05	0.05	0.05	0.05
23	0.05	0.05	0.05	0.03	0.05	0.05	0.05
24	0.05	0.05	0.05	0.05	0.04	0.05	0.06
25	0.05	0.05	0.05	0.05	0.05	0.05	0.06
26	0.05	0.05	0.05	0.05	0.05	0.05	0.05
27	0.05	0.05	0.04	0.04	0.04	0.04	0.05
28	0.05	0.05	0.05	0.05	0.04	0.05	0.05
29	0.05	0.05	0.05	0.05	0.04	0.05	0.05
30	0.05	0.05	0.04	0.05	0.05	0.04	0.05
31	0.05	0.05	0.05	0.05	0.05	0.05	0.05

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<b>Yes</b>	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>
All turbidity readings < IFE <sup>2</sup> triggers	<b>Yes</b>		

<b>Notes:</b>	<b>PRINTED NAME: Dan Perkins</b>	
	<b>SIGNATURE:</b> 	<b>DATE: 8/3/2021</b>
	<b>PHONE #: ( 541 ) 774-2742</b>	<b>CERT #: 2339</b>

<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: Jul-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	0.75	114	85.5	13.9	7.24	15.6	YES	22222
2	0.69	101	69.7	17.8	7.36	12.5	YES	25000
3	0.72	101	72.7	16.7	7.28	13.1	YES	25000
4	0.68	101	68.7	17.2	7.29	12.6	YES	25000
5	0.7	88	61.6	17.2	7.31	12.7	YES	26389
6	0.76	90	68.4	18.9	7.23	11.1	YES	25694
7	0.8	93	74.4	18.3	7.26	11.8	YES	25000
8	0.71	90	63.9	18.3	7.22	11.5	YES	25694
9	0.75	91	68.3	18.3	7.35	12.1	YES	27778
10	0.78	101	78.8	18.9	7.36	11.7	YES	27083
11	0.72	98	70.6	17.2	7.37	13.1	YES	25694
12	0.73	98	71.5	18.3	7.24	11.6	YES	25694
13	0.66	93	61.4	17.2	7.37	13.0	YES	27083
14	0.73	93	67.9	18.3	7.33	12.0	YES	27083
15	0.72	98	70.6	14.4	7.26	15.1	YES	25694
16	0.65	103	67.0	16.7	7.23	12.7	YES	20833
17	0.71	96	68.2	16.1	7.24	13.4	YES	26389
18	0.76	98	74.5	17.2	7.23	12.5	YES	25694
19	0.74	93	68.8	17.2	7.26	12.6	YES	27083
20	0.76	96	73.0	16.7	7.26	13.0	YES	26389
21	0.77	93	71.6	18.9	7.24	11.2	YES	27083
22	0.76	109	82.8	17.2	7.28	12.7	YES	25000
23	0.85	93	79.1	16.1	7.3	13.9	YES	27083
24	0.8	93	74.4	16.1	7.32	13.9	YES	27083
25	0.75	88	66.0	17.2	7.25	12.5	YES	26389
26	0.78	96	74.9	18.3	7.28	11.8	YES	26389
27	0.76	104	79.0	18.9	7.24	11.2	YES	24306
28	0.78	104	81.1	16.7	7.24	13.0	YES	24306
29	0.77	104	80.1	18.3	7.33	12.0	YES	24306
30	0.78	109	85.0	16.7	7.23	12.9	YES	25000
31	0.72	98	70.6	16.1	7.26	13.5	YES	25694

<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