

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

County: **Jackson**  
 Month/Year: **Sep-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	0.05	0.05	0.05	0.05	0.05	0.05	0.06
2	0.05	0.05	0.05	0.05	0.05	0.05	0.05
3	0.05	0.05	0.04	0.05	0.05	0.04	0.05
4	0.05	0.05	0.05	0.05	0.05	0.05	0.05
5	0.05	0.05	0.05	0.04	0.05	0.05	0.05
6	0.05	0.05	0.05	0.05	0.05	0.05	0.05
7	0.05	0.05	0.04	0.05	0.04	0.05	0.05
8	0.05	0.05	0.04	0.05	0.05	0.05	0.05
9	0.05	0.05	0.05	0.05	0.05	0.05	0.05
10	0.05	0.06	0.05	0.05	0.05	0.05	0.06
11	0.06	0.05	0.05	0.05	0.05	0.05	0.06
12	0.05	0.05	0.05	0.05	0.05	0.05	0.05
13	0.05	0.05	0.05	0.04	0.04	0.05	0.05
14	0.05	0.05	0.05	0.04	0.05	0.05	0.05
15	0.05	0.05	0.05	0.05	0.05	0.05	0.05
16	0.05	0.05	0.05	0.04	0.04	0.05	0.05
17	0.05	0.05	0.05	0.04	0.05	0.05	0.05
18	0.05	0.05	0.05	0.05	0.05	0.05	0.05
19	0.05	0.05	0.05	0.06	0.06	0.06	0.07
20	0.10	0.08	0.06	0.06	0.05	0.05	0.10
21	0.06	0.05	0.05	0.06	0.06	0.05	0.06
22	0.05	0.05	0.05	0.05	0.05	0.05	0.05
23	0.05	0.05	0.05	0.05	0.05	0.05	0.05
24	0.05	0.05	0.05	0.05	0.05	0.05	0.05
25	0.05	0.05	0.05	0.05	0.05	0.05	0.05
26	0.05	0.05	0.05	0.05	0.05	0.05	0.05
27	0.05	0.05	0.05	0.05	0.05	0.05	0.05
28	0.05	0.05	0.06	0.05	0.06	0.05	0.06
29	0.05	0.05	0.05	0.05	0.05	0.05	0.06
30	0.05	0.05	0.04	0.04	0.04	0.04	0.05
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?	<b>Yes</b>		CT's met everyday? (see back)	<b>Yes</b>
All 4-hour turbidity readings ≤ 1 NTU?	<b>Yes</b>		All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?	<b>Yes</b>
All turbidity readings < IFE <sup>2</sup> triggers	<b>Yes</b>			

**Notes:**

**PRINTED NAME: Dan Perkins**

**SIGNATURE: *Dan Perkins*** **DATE: 10/4/2021**

**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: Sep-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	0.8	125	100.0	15	7.25	14.6	YES	20139
2	0.79	135	106.7	15	7.26	14.6	YES	20139
3	0.79	79	62.4	15	7.36	15.2	YES	31944
4	0.78	138	107.6	13.3	7.27	16.4	YES	19444
5	0.77	138	106.3	15	7.37	15.2	YES	18056
6	0.84	149	125.2	13.3	7.26	16.5	YES	18056
7	0.81	107	86.7	14.4	7.34	15.7	YES	23611
8	0.83	121	100.4	15.6	7.25	14.1	YES	20833
9	0.77	132	101.6	16.1	7.31	13.8	YES	18750
10	0.78	138	107.6	15	7.24	14.5	YES	19444
11	0.79	156	123.2	14.4	7.3	15.5	YES	15972
12	0.79	130	102.7	14.4	7.28	15.4	YES	19444
13	0.84	183	153.7	15.6	7.31	14.4	YES	12500
14	0.85	115	97.8	13.9	7.35	16.4	YES	20139
15	0.86	125	107.5	13.9	7.29	16.1	YES	20139
16	0.85	131	111.4	13.3	7.32	16.9	YES	20833
17	0.81	135	109.4	14.4	7.27	15.3	YES	20139
18	0.8	254	203.2	14.4	7.29	15.4	YES	10417
19	0.74	254	188.0	13.3	7.23	16.1	YES	10417
20	1.02	235	239.7	12.8	7.26	17.4	YES	10417
21	0.86	163	140.2	12.8	7.23	16.9	YES	15278
22	0.78	170	132.6	15	7.21	14.4	YES	14583
23	0.82	164	134.5	12.2	7.26	17.9	YES	13889
24	0.85	163	138.6	12.8	7.26	17.1	YES	15278
25	0.82	176	144.3	13.9	7.3	16.0	YES	15278
26	0.87	200	174.0	13.9	7.31	16.2	YES	13194
27	0.79	163	128.8	12.8	7.3	17.2	YES	15278
28	0.92	231	212.5	11.7	7.26	18.7	YES	9722
29	0.77	235	181.0	12.2	7.31	18.2	YES	10417
30	0.86	251	215.9	11.7	7.22	18.4	YES	9722
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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350