

OHA - Drinking Water Services -Turbidity Monitoring Report Form


County: Jackson

Conventional or Direct Filtration

Month/Year: Nov-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	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF	

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No		

Notes: PLANT OFF-LINE	PRINTED NAME: Dan Perkins	
	SIGNATURE: 	DATE: 12/3/2021
	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

System Name: Medford Water Commission ID#: 41 00513 Month/Year: Nov-21 WTP - : B  
 Disinfection *Giardia* Log Inactive: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
2	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
3	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
4	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
5	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
6	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
7	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
8	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
9	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
10	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
11	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
12	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
13	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
14	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
15	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
16	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
17	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
18	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
19	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
20	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
21	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
22	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
23	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
24	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
25	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
26	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
27	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
28	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
29	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
30	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
31	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF

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