OHA - Drinking Water Services -Turbidity Monitoring Report Form County: Jackson **Conventional or Direct Filtration** Month/Year: Mar-22 Medford Water Commission ID#: 41

water Name:	Mode		ission			Month/Year:	Mar-22	
ystem Name:		ord Water Comm		ID#: 41	00513		WTP: TP-	В
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]	
11	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)			
				OFF	CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?	
All 4-hour turbidity readings ≤ 1 NTU? All turbidity readings < IFE² triggers				OFF OFF	0	OFF		
otes: PLANT OF	F-LINE				PRINTED NAM	E: Dan Perkins		
					SIGNATURE: "	Dail-	2/2	4/1/2

PHONE #: (541) 774-2742

CERT #: 2339

System Name:	Medford Wate	r Commission	ID#: 41	00513	Month/Year:	Mar-22	Disinfection Giardia Log Inactive:	0.5	
	T								
Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? ³	Peak Hourly Demand Flow	
	[ppm or mg/L]	[minutes]	CXT	[° 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	
If Cl. at entry no	entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours. Revised December 2018								

OHA - Drinking Water Program - Surface Water Quality Data Form

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

Revised December 2018

WTP -: