

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: May-22

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 ¹ [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	0.06	OFF	OFF	0.06
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	0.08	OFF	OFF	0.09
17	OFF	OFF	OFF	0.06	0.09	OFF	0.09
18	OFF	OFF	OFF	0.06	0.09	OFF	0.09
19	OFF	OFF	0.05	0.06	0.05	OFF	0.06
20	OFF	OFF	0.03	0.04	0.04	0.02	0.04
21	OFF	OFF	0.04	0.04	0.04	0.04	0.04
22	OFF	OFF	0.06	0.06	0.06	0.02	0.06
23	OFF	OFF	0.04	0.05	0.05	OFF	0.08
24	OFF	OFF	0.04	0.04	0.06	0.05	0.06
25	OFF	OFF	0.06	0.04	0.06	0.05	0.06
26	OFF	OFF	0.05	0.05	0.04	0.04	0.05
27	OFF	OFF	0.05	0.04	0.04	OFF	0.05
28	OFF	OFF	0.04	0.04	0.04	OFF	0.04
29	OFF	OFF	0.04	0.04	0.06	OFF	0.06
30	OFF	OFF	0.06	0.05	0.04	0.05	0.06
31	N/A	N/A	0.04	0.04	0.06	0.06	0.06

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

Notes:	PRINTED NAME: Dan Perkins	
	SIGNATURE: <i>Dan Perkins</i>	DATE: 6/1/2022
	PHONE #: (541) 774-2742	CERT #: 2339

¹ 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. ² 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: May-22	Disinfection <i>Giardia</i> Log Inactive: 0.5
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [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	0.48	268	128.6	11.1	7.13	17.7	YES	9722
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	0.51	184	93.8	11.7	7.47	19.3	YES	14583
17	0.65	235	152.8	12.8	7.02	15.3	YES	10417
18	0.76	268	203.7	13.9	7.25	15.6	YES	9722
19	0.65	220	143.0	14.4	7.47	16.2	YES	11111
20	0.72	235	169.2	13.9	7.44	16.7	YES	10417
21	0.8	220	176.0	13.3	7.33	16.9	YES	11111
22	0.84	220	184.8	13.9	7.4	16.7	YES	11111
23	0.96	143	137.3	12.8	7.2	16.9	YES	17361
24	0.7	137	95.9	15	7.21	14.2	YES	16667
25	0.85	125	106.3	14.4	7.35	15.9	YES	20139
26	0.74	125	92.5	16.1	7.26	13.5	YES	20139
27	0.8	121	96.8	15	7.28	14.8	YES	20833
28	0.78	251	195.8	12.8	7.3	17.2	YES	9722
29	0.88	235	206.8	12.2	7.38	18.8	YES	10417
30	0.81	149	120.7	12.2	7.37	18.6	YES	16667
31	0.83	143	118.7	11.7	7.28	18.7	YES	15972

³ If Cl₂ 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