


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

County: **Jackson**
 Month/Year: **Oct-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	0.04	OFF	0.05	0.05	0.04	0.04	0.05
2	0.04	OFF	0.04	0.04	0.04	0.04	0.04
3	0.04	OFF	0.04	0.04	0.04	0.04	0.04
4	0.05	OFF	0.05	OFF	0.05	0.04	0.05
5	0.04	OFF	0.04	0.05	0.04	0.04	0.05
6	0.04	OFF	0.04	0.05	OFF	0.04	0.05
7	0.04	OFF	0.04	0.05	0.05	0.04	0.05
8	0.04	OFF	0.04	0.04	0.04	OFF	0.04
9	0.04	OFF	OFF	0.04	0.04	0.04	0.04
10	0.04	OFF	0.04	0.04	0.04	0.04	0.04
11	0.04	OFF	0.04	0.04	0.04	0.04	0.05
12	0.04	OFF	0.04	0.05	OFF	0.08	0.08
13	0.04	OFF	0.04	0.04	OFF	0.04	0.05
14	0.05	OFF	0.04	0.04	0.04	0.04	0.05
15	0.04	OFF	0.04	0.04	0.04	0.05	0.05
16	0.04	OFF	0.04	0.04	0.04	0.04	0.04
17	0.04	OFF	0.04	0.04	0.04	0.05	0.05
18	0.04	OFF	0.04	0.04	0.04	0.04	0.05
19	0.04	OFF	0.05	0.04	0.04	0.04	0.05
20	OFF	OFF	OFF	0.04	0.04	0.04	0.05
21	OFF	OFF	0.04	0.04	0.05	0.04	0.05
22	OFF	OFF	OFF	0.05	0.04	OFF	0.05
23	OFF	OFF	OFF	OFF	0.05	OFF	0.05
24	OFF	OFF	OFF	0.05	0.04	OFF	0.05
25	OFF	OFF	OFF	OFF	0.04	OFF	0.04
26	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	0.05	OFF	OFF	0.05
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	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		

Notes:	PRINTED NAME: Dan Perkins
	SIGNATURE: 
	PHONE #: (541) 774-2742
	DATE: 11/1/2022
	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 = Indiv. Filter Eff. (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:** Oct-22 **Disinfection Giardia Log Inactive:** 0.5

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	0.72	156	112.3	13.3	7.25	16.2	YES	15972
2	0.87	163	141.8	12.2	7.25	18.0	YES	15278
3	0.9	121	108.9	11.1	7.24	19.3	YES	20833
4	0.87	91	79.2	11.7	7.3	18.9	YES	27778
5	0.78	121	94.4	11.1	7.28	19.3	YES	20833
6	0.82	121	99.2	12.8	7.3	17.3	YES	20833
7	0.88	121	106.5	12.2	7.24	17.9	YES	20833
8	0.88	130	114.4	11.7	7.28	18.8	YES	19444
9	0.76	138	104.9	12.2	7.26	17.8	YES	18056
10	0.88	125	110.0	10.6	7.34	20.6	YES	20139
11	0.83	125	103.8	11.1	7.25	19.2	YES	20139
12	0.84	130	109.2	11.1	7.26	19.3	YES	19444
13	0.81	130	105.3	10.6	7.34	20.4	YES	19444
14	0.8	132	105.6	11.1	7.26	19.2	YES	18750
15	0.78	149	116.2	10.6	7.26	19.8	YES	16667
16	0.86	143	123.0	9.4	7.21	21.3	YES	17361
17	0.93	156	145.1	9.4	7.31	22.2	YES	15972
18	0.78	163	127.1	10	7.35	21.3	YES	15278
19	0.83	156	129.5	7.8	7.24	23.8	YES	15972
20	0.82	156	127.9	9.4	7.39	22.5	YES	15972
21	0.86	156	134.2	8.3	7.33	23.8	YES	15972
22	0.79	235	185.7	8.9	7.41	23.4	YES	10417
23	0.77	235	181.0	8.9	7.36	22.9	YES	10417
24	0.83	179	148.6	8.9	7.33	22.8	YES	13889
25	0.88	249	219.1	7.8	7.37	25.1	YES	9028
26	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
27	0.69	268	184.9	7.8	7.35	24.4	YES	9722
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

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