

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Feb-23


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 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 | 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? | OFF | CT's met everyday? (see back) | All Cl2 residual at entry point ≥ 0.2 mg/l? |
| All 4-hour turbidity readings ≤ 1 NTU? | OFF | OFF | OFF |
| All turbidity readings < IFE ² triggers | OFF | | |

Notes: PLANT OFF-LINE

PRINTED NAME: Dan Perkins

SIGNATURE:  3/3/2023

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: Feb-23 Disinfection Giardia Log Inactive: 0.5

| Date / Time | Minimum Cl ₂ Residual at 1st User (C) ³ | Contact Time (T) | Actual CT | Temp | pH | Required CT | CT Met? ³ | 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 |
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| 25 | OFF | OFF | #VALUE! | OFF | OFF | #VALUE! | #VALUE! | OFF |
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| 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
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