

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

County: **Jackson**  
 Month/Year: **Apr-23**

**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 <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	0.07	OFF	0.07
28	OFF	OFF	OFF	0.08	0.02	OFF	0.08
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	0.07	OFF	OFF	0.07
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

**Notes:**

<b>PRINTED NAME: Matt Severloh</b>	
<b>SIGNATURE: <i>Matthew Severloh</i></b>	<b>DATE: 5/2/2023</b>
<b>PHONE #: ( 541 ) 774-2743</b>	<b>CERT #: 8480</b>

<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**

WTP - :	B
Disinfection <i>Giardia</i> Log Inactive:	0.5

**System Name:** Medford Water Commission    **ID#: 41**    **00513**    **Month/Year:** Apr-23

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	0.43	370	159.1	10.6	7.27	19.1	YES	6250
28	0.49	370	181.3	10.6	7.27	19.3	YES	6250
29	OFF	OFF	#VALUE!	OFF	OFF	#VALUE!	#VALUE!	OFF
30	0.29	447	129.6	11.1	7.22	17.9	YES	5556
31	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	#VALUE!	N/A

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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