

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Jun-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 ¹ [NTU]
1	OFF	OFF	OFF	0.04	0.04	0.05	0.05
2	OFF	OFF	OFF	0.05	0.04	0.05	0.06
3	OFF	OFF	0.05	0.04	0.04	0.05	0.05
4	OFF	OFF	0.02	0.04	0.04	0.03	0.05
5	OFF	OFF	0.05	0.05	0.04	0.04	0.05
6	OFF	OFF	0.04	0.05	0.04	0.04	0.06
7	OFF	OFF	OFF	0.04	0.04	0.04	0.05
8	0.04	0.05	0.04	0.02	0.04	0.04	0.05
9	0.04	0.05	0.04	0.05	0.05	0.05	0.06
10	0.05	0.05	0.04	0.05	0.04	0.05	0.05
11	0.05	0.05	0.04	0.05	0.05	0.04	0.05
12	0.04	0.03	0.05	0.03	0.05	0.04	0.05
13	0.04	0.04	0.04	OFF	0.04	0.05	0.05
14	0.04	0.04	0.04	0.05	0.05	0.05	0.05
15	0.05	0.04	0.05	0.04	0.05	0.05	0.06
16	0.07	0.06	0.05	0.05	0.05	0.05	0.07
17	0.03	0.05	0.05	0.05	0.06	0.05	0.06
18	0.06	0.07	0.05	0.06	0.06	0.04	0.07
19	0.04	0.05	0.04	0.04	0.05	0.04	0.06
20	0.05	0.05	0.06	0.05	0.06	0.05	0.06
21	0.05	0.04	0.04	0.04	0.05	0.05	0.05
22	0.05	0.05	0.04	0.04	0.03	0.04	0.05
23	0.04	0.04	0.04	0.04	0.03	0.05	0.05
24	0.04	0.04	0.04	0.04	0.03	0.03	0.04
25	0.04	0.03	0.03	0.03	0.04	0.03	0.04
26	0.03	0.03	0.03	0.05	0.04	0.04	0.05
27	0.03	0.03	0.04	0.04	0.03	0.03	0.06
28	0.03	0.03	0.03	0.03	0.03	0.04	0.04
29	0.04	0.04	0.03	0.03	0.03	0.04	0.05
30	0.05	0.05	0.03	0.04	0.04	0.05	0.05
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 \leq 0.3 NTU? Yes	CT's met everyday? (see back) Yes	All Cl2 residual at entry point \geq 0.2 mg/l? Yes
All 4-hour turbidity readings \leq 1 NTU? Yes		
All turbidity readings $<$ IFE ² triggers Yes		

Notes:	PRINTED NAME: Matt Severloh	
	SIGNATURE: <i>Matt Severloh</i>	DATE: 7/5/2023
	PHONE #: (541) 774-2743	CERT #: 8480

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: Jun-23	Disinfection Log Inactive: <i>Giardia</i>	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	0.61	149	90.9	14.4	7.32	15.3	YES	16667
2	0.8	125	100.0	15	7.34	15.1	YES	20139
3	0.75	149	111.8	14.4	7.31	15.5	YES	16667
4	0.85	137	116.5	13.9	7.38	16.6	YES	16667
5	0.86	125	107.5	13.9	7.36	16.5	YES	20139
6	0.79	135	106.7	15.6	7.38	14.7	YES	20139
7	0.93	125	116.3	13.9	7.33	16.4	YES	20139
8	0.86	156	134.2	15	7.38	15.4	YES	15972
9	0.83	121	100.4	14.4	7.38	16.0	YES	20833
10	0.85	121	102.9	14.4	7.37	16.0	YES	20833
11	0.84	115	96.6	13.3	7.34	17.0	YES	20139
12	0.86	117	100.6	16.1	7.35	14.2	YES	21528
13	0.9	114	102.6	14.4	7.33	15.8	YES	22222
14	0.85	121	102.9	14.4	7.36	15.9	YES	20833
15	0.81	125	101.3	13.9	7.26	15.8	YES	20139
16	0.88	115	101.2	12.8	7.28	17.3	YES	20139
17	0.68	138	93.8	16.7	7.32	13.2	YES	18056
18	0.85	138	117.3	15.6	7.36	14.7	YES	18056
19	0.83	163	135.3	13.9	7.4	16.7	YES	15278
20	0.81	170	137.7	13.3	7.41	17.4	YES	14583
21	0.92	138	127.0	13.9	7.35	16.5	YES	18056
22	0.92	149	137.1	15	7.33	15.3	YES	16667
23	0.92	86	79.1	15	7.35	15.4	YES	27083
24	0.91	161	146.5	15	7.34	15.3	YES	16667
25	0.9	125	112.5	13.3	7.38	17.4	YES	20139
26	0.84	121	101.6	14.4	7.35	15.8	YES	20833
27	0.82	125	102.5	15.6	7.33	14.5	YES	20139
28	0.86	93	80.0	13.9	7.36	16.5	YES	27083
29	0.85	121	102.9	15	7.24	14.6	YES	20833
30	0.97	90	87.3	13.9	7.32	16.4	YES	25694
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

³ If Cl₂ 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