

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Oct-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	0.05	0.03	0.03	OFF	0.05
2	OFF	OFF	0.03	0.03	OFF	OFF	0.03
3	OFF	OFF	OFF	OFF	0.04	OFF	0.04
4	OFF	OFF	0.06	0.04	0.05	OFF	0.06
5	OFF	OFF	OFF	0.04	0.04	OFF	0.04
6	OFF	OFF	OFF	0.04	0.04	OFF	0.04
7	OFF	OFF	OFF	0.04	0.04	OFF	0.04
8	OFF	OFF	0.04	0.03	0.04	OFF	0.04
9	OFF	OFF	0.06	0.04	0.04	OFF	0.06
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	0.05	OFF	OFF	0.03
12	OFF	OFF	0.06	0.06	0.06	OFF	0.06
13	OFF	OFF	OFF	0.06	OFF	OFF	0.06
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	0.03	OFF	OFF	0.05
18	OFF	OFF	OFF	0.04	OFF	OFF	0.04
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	0.06	OFF	OFF	0.06
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	0.05	OFF	OFF	0.05
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? 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: Matt Severloh	
	SIGNATURE: <i>Matt Severloh</i>	DATE: 11/1/2023
	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: Oct-23	Disinfection <i>Giardia</i> Log Inactive:	0.5
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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	0.68	235	159.8	12.8	7.33	17.2	YES	10417
2	0.85	235	199.8	11.7	7.36	19.2	YES	10417
3	0.83	179	148.6	11.1	7.4	20.2	YES	13889
4	0.8	235	188.0	12.2	7.35	18.5	YES	10417
5	0.88	235	206.8	12.2	7.33	18.5	YES	10417
6	0.95	149	141.6	12.2	7.28	18.3	YES	16667
7	0.76	235	178.6	12.2	7.28	17.9	YES	10417
8	0.94	196	184.2	12.8	7.33	17.7	YES	12500
9	0.8	220	176.0	12.2	7.36	18.5	YES	11111
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	0.75	164	123.0	11.7	7.36	19.0	YES	13889
12	0.88	235	206.8	11.1	7.31	19.7	YES	10417
13	0.83	163	135.3	10.6	7.35	20.6	YES	15278
14	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
15	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17	0.53	220	116.6	10.6	7.26	19.3	YES	11111
18	0.86	163	140.2	10	7.27	20.9	YES	15278
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	0.98	150	147.0	10	7.36	21.8	YES	15278
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26	0.74	202	149.5	11.1	7.42	20.2	YES	11111
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF	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