

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:	Jackson
Month/Year:	Jun-24

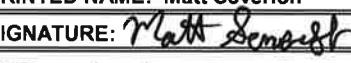
## Conventional or Direct Filtration

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		0.07	0.06	0.06	0.06	0.05	0.05	0.07
2		0.05	0.05	0.06	0.05	0.05	0.05	0.06
3		0.05	0.05	0.05	0.05	0.05	0.05	0.06
4		0.05	0.05	0.06	0.04	0.05	0.04	0.06
5		0.04	0.04	0.05	0.05	0.04	0.06	0.06
6		0.04	0.04	0.05	0.06	0.06	0.04	0.06
7		0.04	0.04	0.05	0.04	0.05	0.05	0.05
8		0.05	0.06	0.04	0.04	0.04	0.05	0.06
9		0.05	0.05	0.05	0.05	0.05	0.06	0.06
10		0.06	0.05	0.04	0.05	0.05	0.05	0.06
11		0.05	0.05	0.05	0.05	0.05	0.05	0.06
12		0.04	0.05	0.05	0.05	0.05	0.05	0.05
13		0.05	0.04	0.05	0.04	0.04	0.04	0.05
14		0.06	0.04	0.03	0.03	0.04	0.04	0.06
15		0.05	0.05	0.04	0.04	0.04	0.04	0.06
16		0.05	0.06	0.04	0.04	0.04	0.04	0.06
17		0.05	0.04	0.04	0.05	0.05	0.05	0.05
18		0.05	0.05	0.05	0.04	0.05	0.04	0.05
19		0.03	0.04	0.04	0.03	0.03	0.04	0.04
20		0.04	0.05	0.03	0.03	0.03	0.04	0.05
21		0.04	0.04	0.04	0.04	0.04	0.03	0.04
22		0.05	0.04	0.03	0.03	0.03	0.04	0.05
23		0.03	0.04	0.04	0.04	0.04	0.03	0.05
24		0.03	0.03	0.03	0.03	0.03	0.03	0.04
25		0.03	0.03	0.03	0.03	0.03	0.03	0.03
26		0.03	0.03	0.03	0.03	0.03	0.03	0.04
27		0.04	0.03	0.04	0.04	0.04	0.03	0.04
28		0.04	0.04	0.04	0.04	0.04	0.06	0.06
29		0.04	0.03	0.07	0.06	0.04	0.04	0.07
30		0.03	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 ≤ 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 <sup>2</sup> triggers	Yes			

Notes:	PRINTED NAME: Matt Severloh		
	SIGNATURE: 	DATE: 7/2/2024	
	PHONE #: ( 541 ) 774-2743	CERT #: 8480	

<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: <b>Medford Water Commission</b>		ID#: 41	00513	Month/Year: Jun-24				
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	0.92	131	120.5	15	7.18	14.4	YES	20833
2	0.86	131	112.7	15	7.32	15.1	YES	20833
3	0.86	157	135.0	13.3	7.39	17.3	YES	14583
4	0.84	108	90.7	13.9	7.34	16.3	YES	21528
5	0.87	131	114.0	14.4	7.38	16.1	YES	20833
6	0.88	107	94.2	14.4	7.28	15.5	YES	23611
7	0.84	115	96.6	15	7.28	14.8	YES	23611
8	0.83	101	83.8	15.6	7.28	14.2	YES	25000
9	0.81	125	101.3	15	7.31	15.0	YES	20139
10	0.78	121	94.4	12.8	7.31	17.3	YES	20833
11	0.88	115	101.2	15	7.32	15.1	YES	20139
12	0.85	117	99.5	12.8	7.38	17.8	YES	21528
13	0.92	98	90.2	13.9	7.27	16.1	YES	25694
14	0.93	107	99.5	12.2	7.3	18.4	YES	23611
15	0.93	138	128.3	13.3	7.28	16.8	YES	18056
16	0.88	131	115.3	14.4	7.31	15.7	YES	20833
17	0.79	130	102.7	11.7	7.34	19.0	YES	19444
18	0.9	130	117.0	13.9	7.31	16.3	YES	19444
19	0.82	117	95.9	12.8	7.45	18.3	YES	21528
20	0.8	117	93.6	12.2	7.17	17.4	YES	21528
21	0.82	117	95.9	15	7.07	13.7	YES	21528
22	0.77	114	87.8	15	7.03	13.4	YES	22222
23	0.92	121	111.3	13.9	7.15	15.4	YES	20833
24	0.88	117	103.0	15.6	7.16	13.7	YES	21528
25	0.89	110	97.9	12.8	7.19	16.7	YES	22917
26	0.87	101	87.9	15.6	7.14	13.6	YES	25000
27	0.87	90	78.3	13.9	7.32	16.3	YES	25694
28	0.83	101	83.8	15	7.06	13.7	YES	25000
29	0.84	107	89.9	15.6	7.06	13.1	YES	23611
30	0.8	104	83.2	15.6	7.06	13.1	YES	24306
31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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.

Revised December 2018

Return by 10th of following month by email, fax, or mail to:

[dwp.dmc@state.or.us](mailto:dwp.dmc@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350