

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration

Month/Year: Aug-24

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	0.05	0.03	0.03	0.03	0.03	0.04	0.05
2	0.05	0.04	0.03	0.03	0.03	0.05	0.05
3	0.04	0.04	0.03	0.04	0.03	0.03	0.04
4	0.03	0.04	0.03	0.04	0.04	0.04	0.04
5	0.04	0.04	0.04	0.03	0.04	0.04	0.05
6	0.05	0.04	0.03	0.04	0.04	0.04	0.05
7	0.04	0.04	0.03	0.03	0.04	0.05	0.05
8	0.05	0.04	0.04	0.05	0.05	0.04	0.05
9	0.03	0.04	0.05	0.03	0.03	0.04	0.05
10	0.03	0.03	0.03	0.03	0.03	0.03	0.05
11	0.03	0.03	0.03	0.03	0.03	0.04	0.04
12	0.03	0.04	0.03	0.03	0.03	0.03	0.04
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.04	0.03	0.03	0.03	0.03	0.04	0.04
15	0.03	0.04	0.04	0.04	0.04	0.03	0.05
16	0.03	0.04	0.03	0.04	0.05	0.04	0.05
17	0.04	0.03	0.03	0.03	0.03	0.04	0.04
18	OFF	0.04	0.05	0.04	0.04	0.05	0.05
19	OFF	OFF	0.04	0.04	0.04	0.04	0.05
20	0.04	0.04	0.04	0.04	0.04	0.04	0.04
21	0.04	0.03	0.04	0.04	0.04	0.04	0.04
22	0.04	0.04	0.03	0.04	0.04	0.05	0.06
23	OFF	0.04	0.04	0.04	OFF	OFF	0.06
24	0.07	0.06	0.08	0.06	0.04	0.04	0.09
25	OFF	OFF	0.05	0.05	0.05	0.04	0.05
26	0.05	0.04	0.05	0.04	0.05	0.04	0.05
27	0.04	0.05	0.05	0.05	0.04	0.04	0.05
28	0.03	0.03	0.03	0.03	0.03	0.04	0.05
29	0.04	0.03	0.03	0.03	OFF	OFF	0.06
30	0.04	0.04	0.04	0.03	OFF	OFF	0.04
31	0.03	0.04	0.03	0.04	0.04	0.04	0.05

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 4-hour turbidity readings ≤ 1 NTU?	Yes	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE <sup>2</sup> triggers	Yes	Yes

Notes:	PRINTED NAME: Matt Severloh	
	SIGNATURE: <i>Matt Severloh</i>	DATE: 9/3/2024
	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**

<b>System Name: Medford Water Commission</b>				<b>ID#: 41</b>	<b>00513</b>	<b>Month/Year: Aug-24</b>	<b>WTP - : B</b>	<b>Disinfection Giardia Log Inactive: 0.5</b>
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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	0.77	87	67.0	14.4	7.14	14.5	YES	29166
2	0.75	101	75.8	17.2	7.11	11.9	YES	25000
3	0.78	117	91.3	15.6	7.1	13.2	YES	21528
4	0.8	143	114.4	16.7	7.07	12.2	YES	18750
5	0.87	110	95.7	16.1	7.2	13.4	YES	22917
6	0.86	98	84.3	18.9	7.25	11.3	YES	25694
7	0.9	93	83.7	16.1	7.22	13.6	YES	27083
8	0.92	115	105.8	17.8	7.19	12.0	YES	23611
9	0.91	107	97.4	18.3	7.18	11.6	YES	23611
10	0.9	96	86.4	18.9	7.03	10.5	YES	26389
11	0.8	98	78.4	17.8	7.01	11.1	YES	25694
12	0.86	114	98.0	15	7.16	14.2	YES	22222
13	0.91	125	113.8	16.1	7.28	13.9	YES	20139
14	0.97	119	115.4	14.4	7.2	15.2	YES	22917
15	0.99	110	108.9	17.8	7.01	11.3	YES	22917
16	0.83	117	97.1	15.6	7.07	13.2	YES	21528
17	0.85	119	101.2	18.3	7.02	10.8	YES	22917
18	0.78	193	150.5	15.6	7.32	14.4	YES	13889
19	0.81	176	142.6	16.1	7.2	13.3	YES	15278
20	0.81	161	130.4	17.2	7.16	12.2	YES	16667
21	0.81	156	126.4	16.1	7.18	13.2	YES	15972
22	0.89	130	115.7	17.8	7.19	12.0	YES	19444
23	0.76	224	170.2	15	7.18	14.2	YES	11806
24	0.74	188	139.1	15	7.15	14.0	YES	13194
25	0.63	238	149.9	15	7.27	14.4	YES	11111
26	0.88	149	131.1	15	7.15	14.2	YES	16667
27	0.9	184	165.6	17.2	7.14	12.2	YES	14583
28	0.91	115	104.7	15.6	7.15	13.7	YES	20139
29	0.87	161	140.1	17.2	7.05	11.8	YES	16667
30	0.91	90	81.9	16.1	6.97	12.4	YES	25694
31	0.87	131	114.0	16.7	7.19	12.9	YES	20833

<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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350