

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration Facility 30

County: **Jackson**
 Month/Year: **Feb-25**

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	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	OFF	OFF	OFF
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF

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)	All Cl2 residual at entry point \geq 0.2 mg/l?
All 4-hour turbidity readings \leq 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE ² triggers	Yes		
Notes:		PRINTED NAME: Matt Severloh	
		SIGNATURE: <i>Matt Severloh</i>	DATE: 3/6/2025
		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))

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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	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	OFF	OFF	OFF
28	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: 3/6/2025	
	PHONE #: 541-774-2743			CERT #: 8480	

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OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration Facility 35

County: **Jackson**
 Month/Year: **Feb-25**

System Name: **Medford Water Commission** **ID#: 41** **00513** **WTP : EP -** **B**

Day	Filter 1 Max Turbidity	Filter 1 Filter Loading Rate	Filter 2 Max Turbidity	Filter 2 Filter Loading Rate	Filter 3 Max Turbidity	Filter 3 Filter Loading Rate	Filter 4 Max Turbidity	Filter 4 Filter Loading Rate
1	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
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	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
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	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF

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)	All Cl2 residual at entry point \geq 0.2 mg/l?
All 4-hour turbidity readings \leq 1 NTU?		Yes		Yes	Yes
All turbidity readings < IFE ² triggers		Yes			

Notes:	PRINTED NAME: Matt Seyerloh				
	SIGNATURE: <i>Matt Seyerloh</i>				DATE: 3/6/2025
	PHONE #: 541-774-2743				CERT #: 8480

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OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :						B		
System Name:	Medford Water Commission	ID#:	41	00513	Month/Year:	Feb-25	Disinfection Giardia Log Inactive:	0.5

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	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
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	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
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	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28	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