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

County: Jackson

Month/Year: Apr-25

WTP: EP- B

stem 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	
29	OFF	OFF	OFF	OFF	OFF	OFF "	OFF	
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
31		<u>a</u> a	*		-			
	Convent	ional or Direct F	iltration	Monthly Summary (Answer Yes or No)				
95% of 4-hour turbidity readings ≤ 0.3 NTU? All 4-hour turbidity readings ≤ 1 NTU? Yes All turbidity readings < IFE² triggers Yes				CT's met everyday? (see back) Yes		All Cl2 residual at entry point ≥ 0.2 mg/l? Yes		
otes:				PRINTED NAME: Matt Severich SIGNATURE: Matt Severich PHONE #: 541-774-2743 CERT #: 8480				

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

County: Jackson

Month/Year: Apr-25

CERT #: 8480

ystem 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	
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
31					1			
		ional or Direct F		Monthly Summary (Answer Yes or No)				
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes						CT's met everyday? All Cl2 residual at (see back) ≥ 0.2 mg		
All 4-hour turbidity readings ≤ 1 NTU? Yes All turbidity readings < IFE² triggers Yes					/es	Yes		
otes:						Matt Severio		
				SIGNATURE:	Matt Sere	DATE: 5/6/202		

Including continuous NTII 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 Effi. (333-061-0040(1)(d)(B&C))

PHONE #: 541-774-2743

County: OHA - Drinking Water Services - Turbidity Monitoring Report Form Jackson Conventional or Direct Filtration Facility 35 Month/Year: Apr-25 WTP: EP-В System Name: **Medford Water Commission** ID#: 41 00513 Filter 3 Filter Filter 4 Filter Filter 2 Filter Filter 3 Max Filter 1 Max Filter 1 Filter Filter 2 Max Filter 4 Max Turbidity Day Loading Rate Loading Rate Turbidity Loading Rate Turbidity Loading Rate Turbidity OFF OFF OFF OFF OFF OFF **OFF** OFF 1 OFF OFF OFF 2 OFF 3 OFF OFF OFF OFF OFF OFF OFF OFF 4 OFF **OFF** 5 OFF 6 OFF OFF OFF OFF 7 OFF 8 OFF OFF OFF OFF OFF OFF OFF OFF 9 OFF OFF OFF OFF OFF OFF 10 OFF 11 OFF OFF OFF OFF OFF OFF OFF OFF 12 OFF OFF OFF OFF OFF OFF OFF 13 OFF OFF OFF OFF OFF 14 OFF OFF OFF **OFF** OFF OFF OFF OFF OFF 15 OFF **OFF** OFF OFF OFF OFF OFF OFF OFF OFF OFF 16 OFF OFF OFF OFF OFF OFF OFF 17 OFF OFF OFF OFF OFF 18 **OFF** OFF OFF OFF OFF OFF OFF OFF OFF OFF 19 OFF OFF OFF OFF OFF OFF 20 OFF OFF OFF OFF OFF OFF 21 OFF OFF OFF OFF OFF OFF OFF **OFF** 22 OFF **OFF** OFF 23 OFF 24 OFF OFF OFF OFF OFF OFF OFF OFF OFF 25 OFF 26 OFF 27 OFF OFF OFF OFF OFF OFF OFF OFF 28 OFF OFF OFF 29 OFF 30 OFF OFF OFF 31 Conventional or Direct Filtration Monthly Summary (Answer Yes or No) All Cl2 residual at entry point CT's met everyday? 95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes ≥ 0.2 mg/l? (see back) All 4-hour turbidity readings ≤ 1 NTU? Yes Yes Yes

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))

All turbidity readings < IFE2 triggers

Notes:

PRINTED NAME: Matt Severich
SIGNATURE: Matt Severich

PHONE #: 541-774-2743

DATE: 5/6/2025 CERT #: 8480

Yes

OHA - Drinking Water Program - Surface Water Quality Data Form						WTP -:	В
		10.00	00540	Month/Year:	Apr-25	Disinfection Giardia	0.5
System Name:	Medford Water Commission	ID#: 41	00513	wonth/ Year:	Apr-25	Log Inactive:	0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[° 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	ŌFF	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
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31					-		-	

3 If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised December 2018