

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

County: **Jackson**
 Month/Year: **May-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	0.06	OFF	OFF	0.06
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	0.07	0.09	OFF	OFF	0.09
6	OFF	OFF	0.05	0.09	0.06	OFF	0.09
7	OFF	OFF	OFF	0.06	OFF	OFF	0.06
8	OFF	OFF	OFF	0.06	OFF	OFF	0.07
9	OFF	OFF	0.07	0.05	OFF	OFF	0.08
10	OFF	OFF	OFF	0.04	OFF	OFF	0.04
11	OFF	OFF	0.04	0.05	OFF	OFF	0.07
12	OFF	OFF	0.04	0.04	OFF	OFF	0.04
13	OFF	OFF	OFF	0.05	OFF	OFF	0.05
14	OFF	OFF	0.04	OFF	OFF	OFF	0.04
15	OFF	OFF	0.04	OFF	OFF	OFF	0.04
16	OFF	OFF	0.04	0.03	OFF	OFF	0.04
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	OFF	0.05	OFF	OFF	0.07
19	OFF	OFF	0.03	0.06	OFF	OFF	0.06
20	OFF	OFF	0.06	0.05	OFF	OFF	0.06
21	OFF	OFF	0.05	0.07	OFF	OFF	0.07
22	OFF	OFF	OFF	0.04	OFF	OFF	0.07
23	OFF	OFF	0.04	0.05	0.04	0.07	0.07
24	OFF	OFF	0.04	0.04	0.04	0.05	0.06
25	OFF	OFF	0.04	0.04	0.04	0.04	0.05
26	OFF	OFF	0.04	0.04	0.05	0.05	0.05
27	OFF	OFF	0.04	0.04	0.05	0.06	0.06
28	OFF	OFF	0.05	0.05	0.06	0.05	0.07
29	0.07	0.06	0.05	0.05	0.05	0.05	0.07
30	0.06	0.05	0.07	0.06	0.06	0.06	0.07
31	0.06	0.05	0.07	0.06	0.06	0.06	0.07

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 Cl ₂ 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: 6/4/2025
	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))

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration Facility 35

Month/Year: May-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
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 \leq 0.3 NTU?	Yes	CT's met everyday? (see back)	All Cl ₂ 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: 6/4/2025
	PHONE #: 541-774-2743	CERT #: 8480

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OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Jackson

Conventional or Direct Filtration Facility 35

Month/Year: May-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
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

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: 6/4/2025
	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:

May-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	0.49	193	94.6	12.8	7.21	16.1	YES	13889
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5	0.44	193	84.9	12.8	7.4	17.2	YES	13889
6	0.79	156	123.2	11.1	7.21	18.9	YES	15972
7	0.71	131	93.0	11.7	7.09	17.3	YES	20833
8	0.82	101	82.8	12.2	7.08	16.9	YES	25000
9	0.8	123	98.4	12.8	7.26	17.0	YES	22222
10	0.75	131	98.3	12.8	7.27	16.9	YES	20833
11	0.82	156	127.9	13.3	7	14.9	YES	15972
12	0.67	193	129.3	12.8	6.92	14.7	YES	13889
13	0.71	336	238.6	12.2	6.9	15.7	YES	7639
14	0.7	447	312.9	13.3	7.11	15.4	YES	5556
15	0.65	404	262.6	12.2	6.96	15.9	YES	6250
16	0.64	135	86.4	12.2	6.97	15.9	YES	20139
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	0.69	168	115.9	12.8	7	15.2	YES	15972
19	0.66	176	116.2	12.2	7.01	16.2	YES	15278
20	0.94	123	115.6	12.2	7.07	17.0	YES	22222
21	0.89	125	111.3	12.8	7.04	15.8	YES	20139
22	0.74	117	86.6	12.8	7.06	15.7	YES	21528
23	0.75	104	78.0	13.3	7.02	14.9	YES	24306
24	0.87	117	101.8	15	7.11	14.0	YES	21528
25	0.8	138	110.4	15.6	7.22	13.9	YES	19444
26	0.91	130	118.3	13.9	6.94	14.2	YES	19444
27	0.82	93	76.3	13.3	7	14.9	YES	27083
28	0.84	131	110.0	14.4	6.9	13.4	YES	20833
29	0.9	125	112.5	13.9	6.88	13.9	YES	20139
30	0.91	149	135.6	16.1	6.9	12.1	YES	18056
31	0.8	123	98.4	15.6	6.96	12.6	YES	22222

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