OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration Facility 30

County: Jackson

Month/Year: Jul-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	0.04	0.04	0.05	0.04	0.04	0.04	0.05
2	0.04	0.04	0.05	0.05	0.05	0.05	0.05
3	0.04	0.03	0.04	0.04	0.04	0.04	0.04
4	0.04	0.04	0.05	0.04	0.04	0.04	0.05
5	0.05	0.05	0.06	0.05	0.06	0.04	0.06
6	0.04	0.04	0.04	0.04	0.05	0.04	0.05
7	0.04	0.04	0.05	0.05	0.05	OFF	0.06
8	0.04	0.05	0.05	0.05	0.06	0.04	0.06
9	0.05	0.05	0.09	0.06	0.07	0.06	0.09
10	0.06	0.06	0.09	0.05	0.06	0.06	0.09
11	0.05	0.05	0.06	0.07	0.08	0.06	0.08
12	0.06	0.05	0.06	0.06	0.06	0.06	0.08
13	0.06	0.06	0.07	0.04	0.06	0.05	0.07
14	0.05	0.05	0.05	0.05	0.07	0.06	0.07
15	0.06	0.06	0.02	0.03	0.03	0.02	0.06
16	0.03	0.03	0.03	0.05	0.04	0.03	0.05
17	0.03	0.04	0.04	0.05	0.05	0.04	0.08
18	0.05	0.04	0.05	0.06	0.07	0.06	0.07
19	0.04	0.05	0.05	0.05	0.05	0.05	0.05
20	0.05	0.05	0.05	0.05	0.05	0.03	0.07
21	0.04	0.04	0.04	0.04	0.04	0.04	0.04
22	0.04	0.04	0.03	0.04	0.04	0.04	0.05
23	0.04	0.04	0.05	0.05	0.04	0.04	0.05
24	0.04	0.04	0.05	0.05	0.05	0.04	0.05
25	0.04	0.03	0.03	0.04	0.04	0.04	0.05
26	0.04	0.04	0.07	0.04	0.05	0.05	0.07
27	0.05	0.04	0.04	0.04	0.06	0.04	0.06
28	0.04	0.04	0.04	0.06	0.05	0.05	0.06
29	0.05	0.05	0.06	0.06	0.07	0.06	0.07
30	0.06	0.06	0.06	0.06	0.06	0.06	0.06
31	0.05	0.05	0.06	0.06	0.06	0.05	0.07

Conventional or Direct Filtration	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes
All 4-hour turbidity readings ≤ 1 NTU?	Yes
All turbidity readings < IFE[2] triggers	Yes

Monthly Summary (Answer Yes or No)	
CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	Yes

Notes:

PRINTED NAME: Matt Severloh

SIGNATURE: Matt Severloh DATE: 8/6/2025

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))

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration Facility 35

County: Jackson

Month/Year: Jul-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 ≤ 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[2] triggers	Yes		

Notes:

PRINTED NAME: Matt Severloh

SIGNATURE: Matt Severloh **DATE:** 8/6/2025

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))

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration Facility 35

County: Jackson

Month/Year: Jul-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	
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	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes
All 4-hour turbidity readings ≤ 1 NTU?	Yes
All turbidity readings < IFE[2] triggers	Yes

Monthly Summary (Answer Yes or No)	
CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	Yes

Notes:

PRINTED NAME: Matt Severloh

SIGNATURE: Matt Severloh DATE: 8/6/2025

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))

OHA - Drinking Water Program - Surface Water Quality Data Form Facility 35

WTP - :	B
Disinfection *Giardia* Log Inactive:	0.5

System Name:	Medford Water Commission	ID#: 41	00513	Month/Year:	Jul-25

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	0.9	98	88.2	17.8	7.04	11.3	YES	25694
2	0.85	106	90.1	14.4	7	13.9	YES	25694
3	0.89	123	109.5	18.3	7.23	11.7	YES	22222
4	0.88	127	111.8	17.2	7.22	12.6	YES	21528
5	0.8	121	96.8	14.4	7.29	15.4	YES	20833
6	0.84	130	109.2	15.6	7.28	14.3	YES	19444
7	0.83	117	97.1	17.2	7.29	12.8	YES	21528
8	0.84	143	120.1	15.6	7.28	14.3	YES	17361
9	0.87	123	107.0	18.3	7.32	12.1	YES	22222
10	0.89	110	97.9	18.3	7.04	10.9	YES	22917
11	0.85	114	96.9	16.1	7.06	12.7	YES	22222
12	0.83	127	105.4	17.2	6.98	11.4	YES	21528
13	0.81	101	81.8	18.3	6.94	10.4	YES	25000
14	0.81	107	86.7	17.8	7.19	11.9	YES	23611
15	0.85	96	81.6	18.3	7.2	11.6	YES	26389
16	0.84	123	103.3	15.6	7.14	13.5	YES	22222
17	0.85	123	104.6	18.3	7.14	11.3	YES	22222
18	1.01	110	111.1	16.7	7.07	12.5	YES	22917
19	0.94	123	115.6	18.3	7.06	11.1	YES	22222
20	0.81	131	106.1	15.6	7.08	13.2	YES	20833
21	0.93	123	114.4	15	7.16	14.3	YES	22222
22	0.83	135	112.1	17.2	7.12	12.1	YES	20139
23	0.86	127	109.2	17.2	7.09	12.0	YES	21528
24	0.85	117	99.5	16.1	7.19	13.3	YES	21528
25	0.84	117	98.3	17.8	7.16	11.8	YES	21528
26	0.83	130	107.9	17.8	7.06	11.3	YES	19444
27	0.79	127	100.3	13.9	7.12	15.0	YES	21528
28	0.87	131	114.0	17.8	7.15	11.8	YES	20833
29	0.86	123	105.8	16.1	7.14	13.1	YES	22222
30	0.85	131	111.4	14.4	7.11	14.5	YES	20833
31	0.89	127	113.0	17.2	7.21	12.5	YES	21528

[3] If Cl_2 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

OHA - Drinking Water Program - Surface Water Quality Data Form Facility 45

WTP - :	B
Disinfection *Giardia* Log Inactive:	0.5

System Name: Medford Water Commission **ID#:** 41 00513 **Month/Year:** Jul-25

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
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
31	0.5	137	68.5	18.9	7.13	10.4	YES	10417

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised December 2018

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