OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration Facility 30

County: Jackson

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

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: 9/3/2025

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: Aug-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	0.05	0.05	0.04	0.05
7	0.05	0.05	0.06	0.04	0.04	0.04	0.07
8	0.05	0.05	0.05	0.07	0.07	0.05	0.07
9	0.05	0.05	0.07	0.06	0.05	0.05	0.07
10	0.05	0.06	0.06	0.05	0.06	0.06	0.06
11	0.05	0.05	0.06	0.06	0.07	0.05	0.07
12	0.06	0.06	0.06	0.05	OFF	OFF	0.07
13	0.05	0.06	0.06	0.06	0.05	OFF	0.06
14	OFF	OFF	OFF	0.06	0.06	0.05	0.07
15	0.04	0.04	0.05	0.06	0.07	0.05	0.07
16	0.06	0.05	0.06	0.05	0.04	0.04	0.06
17	0.04	0.04	0.05	0.05	0.05	0.05	0.05
18	0.05	0.05	0.06	0.05	0.05	0.06	0.06
19	0.05	0.06	0.06	0.05	0.05	0.06	0.06
20	0.05	0.05	0.07	0.06	0.05	0.05	0.09
21	0.05	0.05	0.06	0.05	0.06	0.05	0.06
22	0.05	0.06	0.04	0.05	0.05	0.05	0.08
23	0.05	0.05	0.05	0.05	0.05	0.05	0.06
24	0.05	0.05	0.05	0.05	0.06	0.05	0.06
25	0.05	0.05	0.05	0.05	0.06	0.05	0.07
26	0.06	0.06	OFF	OFF	0.02	0.06	0.07
27	0.07	0.06	OFF	0.07	OFF	OFF	0.08
28	0.08	0.07	0.06	0.08	0.07	0.07	0.08
29	0.07	0.07	0.07	0.07	0.07	0.07	0.08
30	0.07	0.08	0.07	0.04	0.04	0.04	0.09
31	0.04	0.05	0.05	0.05	0.05	0.05	0.06

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: 9/3/2025

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:** Aug-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	0.04	6.16	0.05	6.22	OFF	OFF	OFF	OFF
7	0.04	6.21	0.04	6.18	OFF	OFF	0.07	4.91
8	0.04	7.61	0.04	7.49	0.04	7.50	OFF	OFF
9	0.06	8.91	0.04	7.50	0.03	8.42	0.06	8.86
10	0.05	5.37	0.06	9.54	0.04	7.99	0.05	8.01
11	0.07	6.00	0.05	8.00	0.04	7.58	0.06	7.13
12	0.06	7.52	0.07	7.62	0.06	7.92	0.06	5.88
13	0.06	5.92	0.07	7.56	0.05	7.95	0.07	7.78
14	0.09	7.38	0.13	8.89	0.11	7.10	0.10	7.34
15	0.10	7.34	0.02	8.45	0.11	8.45	0.09	7.35
16	0.03	7.99	OFF	OFF	0.01	7.83	0.04	8.32
17	0.02	6.20	0.02	7.94	0.03	8.02	0.02	6.16
18	0.03	7.15	0.03	4.84	0.03	7.95	0.04	10.67
19	0.03	6.22	0.02	6.23	0.02	7.10	0.02	7.11
20	0.02	8.51	0.01	6.83	0.02	8.44	0.02	6.84
21	0.02	7.67	0.02	7.64	0.02	6.79	0.07	7.57
22	0.02	9.33	0.02	8.27	0.03	9.40	0.06	7.70
23	0.02	7.08	0.02	7.15	0.04	7.08	0.04	8.96
24	0.03	6.76	0.02	6.85	0.04	6.78	0.03	6.84
25	0.03	9.28	0.03	9.29	0.07	9.30	0.03	9.32
26	0.02	8.85	0.03	8.83	0.03	8.89	0.04	8.96
27	0.02	8.78	0.03	8.91	0.03	8.81	0.04	8.95
28	OFF	OFF	0.02	7.12	0.03	8.79	0.04	8.84
29	0.03	7.98	0.02	8.07	0.04	7.17	0.06	5.77
30	0.03	8.04	OFF	OFF	0.05	7.08	0.07	7.08
31	0.03	7.61	OFF	OFF	0.05	8.03	0.08	8.01

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:** 9/3/2025

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:** Aug-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	0.93	130	120.9	15.6	7.26	14.3	YES	19444
2	0.85	135	114.8	16.1	7.12	13.0	YES	20139
3	0.84	130	109.2	15.6	7.11	13.4	YES	19444
4	0.85	117	99.5	15	7.18	14.3	YES	21528
5	0.83	114	94.6	15	7.13	14.0	YES	22222
6	0.81	91	73.7	17.2	7.14	12.1	YES	27778
7	0.89	117	104.1	17.2	7.15	12.3	YES	21528
8	0.81	127	102.9	17.2	7.23	12.5	YES	21528
9	0.79	90	71.1	17.2	7.11	12.0	YES	25694
10	0.8	114	91.2	14.4	7.11	14.4	YES	22222
11	0.79	114	90.1	18.3	7.1	11.1	YES	22222
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	0.77	188	144.8	15.6	7.1	13.2	YES	11111
14	0.85	289	245.7	17.8	7.21	12.0	YES	6250
15	0.8	503	402.4	17.2	7.05	11.7	YES	4861
16	0.82	340	278.8	16.7	7.1	12.4	YES	6944
17	0.72	211	151.9	17.2	7.12	11.9	YES	12500
18	0.81	238	192.8	17.2	7.12	12.0	YES	11111
19	0.75	200	150.0	17.8	7.13	11.5	YES	13194
20	0.77	503	387.3	16.7	7.14	12.5	YES	4861
21	0.76	503	382.3	16.1	7.08	12.7	YES	4861
22	0.78	503	392.3	17.2	7.07	11.8	YES	4861
23	0.72	470	338.4	17.2	7.1	11.8	YES	4167
24	0.86	503	432.6	16.7	7.13	12.6	YES	4861
25	0.86	184	158.2	17.8	7.14	11.7	YES	14583
26	0.8	503	402.4	17.2	7.15	12.1	YES	4861
27	0.71	161	114.3	16.7	7.13	12.3	YES	16667
28	0.75	138	103.5	17.8	7.14	11.6	YES	18056
29	0.76	503	382.3	16.7	7.1	12.3	YES	4861
30	0.84	503	422.5	16.1	7.09	12.8	YES	4167
31	0.84	470	394.8	16.1	7.08	12.8	YES	3472

[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:	Aug-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	0.77	128	98.6	18.9	7.01	10.2	YES	11111
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	0.53	206	109.2	18.3	7.45	12.2	YES	6944
7	0.64	93	59.5	18.3	7.28	11.6	YES	15278
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	0.87	64	55.7	20.6	7.16	9.8	YES	22222
12	0.88	60	52.8	18.3	7.2	11.6	YES	23611
13	0.71	59	41.9	16.1	7.24	13.4	YES	24306
14	0.86	71	61.1	17.8	7.14	11.7	YES	20139
15	0.92	79	72.7	18.8	7.14	11.0	YES	18056
16	0.87	86	74.8	19.6	7.13	10.3	YES	16667
17	0.68	79	53.7	19.9	7.18	10.1	YES	18056
18	0.72	79	56.9	19.1	7.21	10.8	YES	18056
19	0.78	79	61.6	19.7	7.16	10.3	YES	18056
20	0.89	86	76.5	17.7	7.13	11.8	YES	16667
21	0.83	76	63.1	17.6	7.16	11.9	YES	18750
22	0.77	82	63.1	17.8	7.1	11.4	YES	17361
23	0.76	79	60.0	20.3	7.11	9.7	YES	18056
24	0.88	98	86.2	18.3	7.19	11.6	YES	14583
25	0.88	76	66.9	19	7.16	10.9	YES	18750
26	0.78	51	39.8	16.9	7.27	12.9	YES	27778
27	0.91	40	36.4	17.3	7.19	12.4	YES	28472
28	0.72	82	59.0	15.6	7.24	13.9	YES	17361
29	0.82	76	62.3	15.6	7.15	13.6	YES	19444
30	0.85	93	79.1	17.2	7.1	12.0	YES	15972
31	0.9	98	88.2	16.7	7.08	12.4	YES	14583

[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