

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Jackson

Month/Year:

Nov-25

NOV-25

System Name: Medford Water Commission		ID#:		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											
Notes:				PRINTED NAME: Matt Severloh SIGNATURE: <i>Matt Severloh</i> PHONE #: 541-774-2743							
				DATE: 12/2/2025 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:	Nov-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 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: 12/2/2025	
						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))

System Name: Medford Water Commission			ID#: 41	00513	Month/Year: Nov-25	Disinfection Giardia Log Inactive:	0.5	
Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [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	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

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

WTP - :

B

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

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

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