

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

## Conventional or Direct Filtration Facility 30

County:

Jackson

Month/Year:

Dec-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 <sup>1</sup> [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 <sup>2</sup> triggers			Yes					
Notes:				PRINTED NAME: Matt Severloh SIGNATURE:  PHONE #: 541-774-2743				
				DATE: 1/6/2026		CERT #: 8480		

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

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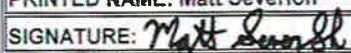
## Conventional or Direct Filtration Facility 35

County:

Jackson

Month/Year:

Dec-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 <sup>1</sup> [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 <sup>2</sup> triggers				Yes					
Notes:				PRINTED NAME: Matt Severloh SIGNATURE:  PHONE #: 541-774-2743					
				DATE: 1/6/2026 CERT #: 8480					

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

## OHA - Drinking Water Program - Surface Water Quality Data Form Facility 40

WTP - :

B

System Name: Medford Water Commission			ID#: 41	00513	Month/Year: Dec-25	Disinfection Log	Giardia Inactive:	0.5
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT	Temp [° C]	pH	Required CT	CT Met? <sup>3</sup>	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

<sup>3</sup> If Cl<sub>2</sub> 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: Dec-25	Disinfection Giardia Log Inactive:	0.5	
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> 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

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