

OHA - Drinking Water Services – Turbidity Monitoring Report
Conventional or Direct Filtration

County:

Name: Midland Water ID #41: 01139 WTP-: Month/Year: JAN 2021

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	.21	.09	.04	.03	.03	.03	.21
2	.19	.27	.29	.29	.28	.13	.29
3	.06	.04	.05	.05	.03	.03	.03
4	.05	.02	.03	.03	.04	.03	.04
5	.03	.03	.03	.01	.03	.03	.03
6	.02	.02	.02	.02	.02	.02	.03
7	.01	.01	.01	.02	.02	.01	.02
8	.01	.02	.02	.03	.03	.02	.03
9	.02	.02	.03	.02	.02	.03	.03
10	.01	.02	.02	.02	.02	.03	.03
11	.01	.01	.01	.01	.01	.01	.03
12	.01	.01	.02	.01	.01	.02	.02
13	.01	.02	.02	.02	.02	.02	.02
14	.02	.02	.02	.02	.02	.02	.02
15	.02	.03	.04	.06	.06	.06	.06
16	.04	.02	.03	.03	.05	.03	.05
17	.01	.02	.02	.01	.01	.01	.06
18	.01	.01	.01	.02	.01	.02	.04
19	.01	.01	.01	.02	.01	.01	.07
20	.01	.01	.01	.01	.02	.02	.04
21	.01	.01	.01	.02	.01	.01	.05
22	.01	.01	.01	.02	.01	.01	.03
23	.01	.01	.01	.02	.01	.02	.04
24	.01	.01	.01	.01	.01	.01	.05
25	.01	.01	.01	.01	.01	.01	.04
26	.01	.01	.01	.02	.02	.02	.03
27	.01	.01	.01	.01	.01	.01	.05
28	.01	.01	.01	.01	.02	.01	.05
29	.02	.02	.01	.01	.01	.02	.04
30	.02	.01	.02	.01	.01	.02	.03
31	.02	.01	.01	.01	.01	.01	.04

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No All turbidity readings < IFE ² triggers? <u>Yes</u> / No ²	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes</u> / No All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	
	PRINTED NAME: <u>David Burch</u> SIGNATURE: <u>[Signature]</u> DATE: <u>2-1-21</u> PHONE #: <u>(503) 858-0259</u> CERT #:	
Notes:		

¹ Including continuous turbidity 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. (OAR 333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program – Surface Water Quality Data Form - Giardia Inactivation

Name: *Midland Water*

ID #41: *01139*

WTP: Month/Year: *JAN 2021*

Log Requirement (Circle One): 0.5 **1.0**

Date / Time	Minimum Cl ₂ Residual at 1 st 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]		Use tables	Yes / No	[GPM]
11/1P	1.64	69	113	11	7.4	48	Y	78
21/9P	1.69	71	120	11	7.3	48	Y	104
31/7P	1.61	70	112	12	7.3	48	Y	72
41/7P	1.80	75	135	11	7.4	49	Y	55
51/11A	2.16	87	188	11	7.4	50	Y	55
61/11A	1.71	68	117	11	7.4	48	Y	79
71/9A	1.28	68	87	11	7.4	46	Y	78
81/8P	1.25	68	85	11	7.4	46	Y	79
91/9P	1.28	68	87	11	7.4	46	Y	79
10/8P	1.31	68	90	11	7.4	46	Y	78
11/11:30A	1.20	68	82	11	7.4	46	Y	79
12/4:30P	1.49	76	113	12	7.4	47	Y	70
13/4P	1.40	79	111	12	7.4	47	Y	68
14/4P	1.41	79	111	13	7.4	47	Y	68
15/9:30A	1.66	104	173	11	7.4	48	Y	51
16/5P	1.18	58	68	11	7.4	45	Y	93
17/12:30P	1.60	82	131	10	7.4	48	Y	66
18/12:00P	1.48	73	108	10	7.4	47	Y	73
19/1P	1.07	68	73	10	7.4	45	Y	79
20/3P	1.38	65	89	10	7.4	46	Y	83
21/1:30P	1.24	73	91	10	7.4	46	Y	73
22/12:30P	1.17	71	83	10	7.4	45	Y	75
23/12P	1.33	70	93	10	7.4	46	Y	76
24/5P	1.13	59	66	10	7.4	45	Y	91
25/3P	1.52	74	112	11	7.8	57	Y	73
26/4P	1.40	69	96	9	7.5	76	Y	78
27/8:30P	.98	63	62	11	7.5	53	Y	85
28/9:30P	1.11	87	97	10	7.6	54	Y	61
29/11A	1.07	87	94	10	7.4	45	Y	61
30/5P	.98	73	72	10	7.5	53	Y	73
31/6P	.94	73	70	10	7.5	53	Y	73

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours
 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

Revised September 2016

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