

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

County: *Colombia*

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

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	.04	.05	.05	.05	.05	.05	.05
2	.05	.04	.04	.04	.04	.04	.05
3	.04	.04	.05	.05	.04	.04	.05
4	.04	.04	.04	.05	.04	.04	.05
5	.05	.05	.05	.05	.07	.07	.07
6	.07	.07	.08	.08	.08	.09	.09
7	.08	.08	.08	.08	.08	.09	.09
8	.10	.10	.10	.10	.12	.12	.12
9	.12	.12	.12	.13	.15	.14	.14
10	.15	.15	.15	.19	.18	.17	.19
11	.16	.16	.15	.15	.15	.17	.17
12	.16	.15	.15	.15	.15	.16	.16
13	.17	.17	.18	.18	.18	.19	.19
14	.17	.16	.16	.15	.16	.17	.17
15	.15	.15	.15	.12	.10	.12	.15
16	.10	.10	.12	.13	.15	.16	.16
17	.14	.14	.14	.13	.13	.14	.14
18	.15	.15	.15	.15	.17	.18	.18
19	.17	.17	.18	.21	.21	.19	.21
20	.20	.19	.19	.21	.21	.20	.21
21	.18	.18	.18	.18	.22	.22	.24
22	.18	.18	.16	.17	.16	.15	.18
23	.15	.14	.14	.14	.14	.15	.15
24	.14	.13	.13	.13	.14	.12	.14
25	.13	.13	.12	.12	.14	.15	.14
26	.14	.12	.12	.12	.12	.14	.14
27	.12	.10	.09	.09	.09	.09	.12
28	.08	.05	.04	.04	.05	.04	.08
29	.04	.04	.05	.05	.04	.03	.05
30	.05	.05	.05	.05	.04	.04	.05
31	.05	.05	.04	.04	.04	.05	.05

<b>Conventional or Direct Filtration</b> <b>Monthly Summary</b> 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No <sup>2</sup>	<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
	PRINTED NAME: <i>David Burch</i> SIGNATURE: <i>[Signature]</i> DATE: <i>8-2-21</i> PHONE #: <i>(503) 858-0259</i> CERT #:	

<sup>1</sup> 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. <sup>2</sup> 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: *July 2021*

Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
118 P	.76	76	58	16	7.5	29	Y	71
218 P	.89	73	65	16	7.4	30	Y	73
317 P	.79	76	60	17	7.4	29	Y	71
412 P	.77	76	58	18	7.5	35	Y	71
515 P	.81	76	61	17	7.6	36	Y	71
617 P	.82	74	60	17	7.6	36	Y	73
718 P	.79	76	60	17	7.5	35	Y	71
817 P	.77	76	58	16	7.5	35	Y	71
917 P	.82	76	62	16	7.5	36	Y	71
1011A	.79	80	63	17	7.6	35	Y	67
1118 P	.77	92	71	16	7.5	35	Y	58
1217 P	.78	92	72	16	7.5	35	Y	58
1316:30 P	.82	94	77	16	7.4	30	Y	57
1417 P	.78	91	71	16	7.4	29	Y	59
1518 P	.79	92	73	17	7.4	29	Y	58
1618 P	.82	92	76	17	7.4	30	Y	58
1718 P	.79	93	73	16	7.4	29	Y	58
1817 P	.77	92	71	16	7.4	29	Y	58
1912 P	.78	96	75	17	7.4	29	Y	56
2013:30 P	.82	86	71	16	7.4	30	Y	62
2116 P	.82	86	71	14	7.4	45	Y	62
2212:30 P	.79	84	66	15	7.5	35	Y	64
2318 P	.77	86	66	15	7.5	35	Y	62
2416:30 P	.82	77	63	16	7.5	36	Y	70
2517 P	.79	85	67	16	7.4	35	Y	63
2618:30 P	.77	86	66	18	7.4	35	Y	63
2717 P	.78	84	66	17	7.4	35	Y	64
2818 P	.82	81	66	17	7.4	36	Y	67
2915 P	.82	86	71	18	7.4	36	Y	62
3017 P	.79	83	66	17	7.4	35	Y	65
3117 P	.77	83	64	17	7.5	35	Y	65

<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 September 2016

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)

Return by 10<sup>th</sup> 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