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

County: Columbia

Name:	Mil	Hand	NAYER		ID #41: 0//	39 WT	P-:	Month/Year: Aug 202/
			4 AM	8 AM	NOON	4 PM	8 PM	Highest Reading of
neje neje neje neje neje neje neje neje	DAY	12 AM [NTU]	[NTU]	[NTU]	[NTU]	[NTU]	[NTU]	the Day <sup>1</sup>
		0.2	15	A 2	A ****	03	07	[NTU]
and a second	1	, 05	1 - 00	. I great may	105	100	RR	nch
operation and the second	2	102	. 00	,04	109	100	, 03	107
	3	. 0.5	.03	105	, 03	: 00	, 05	
	4	103	,03	,03	105	,09	,04	.04
A (I)	5	.04	,03	,03	(50)	,00	,09	,04
	6	.04	,03	,00	, 04	. 04	.04	-04
	7	,04	,04	, 34	,00	. 34	,04	. 04
	8	,05	.03	.04	.04	,04	.04	.09
	9	.09	,04	,04	,04	,04	04	04
	10	,04	,04	,00	,05	, 05	,04	.04
	11	,05	,03	,05	, 05	, 05	,05	. 05
	12	,05	.03	.05	, 0.5	,05	,03	, 02
	13	, 0.5	03	. 05	,04	,05	,03	,04
	14	,03	,03	,03	,04	.09	,04	100
	15	.04	05	104	. 04	,05	,05	.05
	16	,05	,06	.06	,06	,06	,07	. 37
	17	,07	.07	,07	.07	,08	.08	,08
	18	,08	,08	. 0 8	.08	,09	,09	,09
	19	, 06	05	,05	105	.05	,05	,06
	20	,04	.00	.04	,05	,05	,05	. 05
	21	.04	.04	04	,04	.001	,00	04
	22	.03	, Ga	,02	, 03	04	.04	.04
	23	.03	,02	.02	.02	103	,03	.03
	24	.03	.03	.03	.04	.03	,03	,04
	25	.03	,04	,04	.04	. 34	,04	,04
	26	,03	103	,04	.04	,03	, 00/	.04
	27	.04	,04	.04	.04	.03	.04	.04
	28	.04	.04	,09	.05	,34	.04	,05
	29	.04	,04	,04	,04	.04	.04	.04
	30	,04	,04	,05	,05	.05	104	,05
	31	.04	, 34	, 04	,05	,05	105	, 05
Conventional or Direct Filtration Monthly Summary					Monthly Summary (Answer Yes or No)			
					MOHITHY Summary (Allower 165 OF NO)			
050/	of Alas A la	The state of the s	dings < 0.2 NTI	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN COLUM				

Conventional or Direct Filtration Monthly Summary	Monthly Summary (Answer Yes or No)			
95% of the 4-hour turbidity readings ≤ 0.3 NTU? Yes No All the 4-hour turbidity readings ≤ 1 NTU? Yes No All turbidity readings < IFE <sup>2</sup> triggers? Yes No <sup>2</sup>	CT's met everyday? (see back)  Yes / No  All Cl₂ residuals at entry point ≥ 0.2 mg/l?			
Notes:	PRINTED NAME: DAVID BUSCh			
	SIGNATURE: (3-4-2/			
	PHONE #: (503) 858-0259 CERT #:			

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:

WTP-:

Month/Year:

Log Requirement

Midland WAter ID #41: 0//39 (Circle One): 0.5 (1.0) HU9 2021 Peak Hourly Minimum Cl<sub>2</sub> Contact Required Actual Date / Demand рΗ CT Met? 3 Residual at Time Temp CT Time Flow 1st User (C)<sup>3</sup> (T)Use [° C] [GPM] CXT Yes / No [minutes] [ppm or mg/L] tables , 85 、フフ 46 86 7,3 ,82 .76 10/9:30P 76 11/27 61 78 30 62 7,1 16 / 7:38P 17/5P 18 / 5:30P 62 7,2 6 60 19/6:30P 80 86 89 20/6P 16 70 88 16 28 16 84 23 / /OA 30 30 62 24/6P 80 86 16 25/77 84 16 30 70 26/5P ,82 16 69 .85 7,2 27/4:30P 30 62 82 28/ 5P 16 30 68 30 / /2A 15 31/5P

Revised September 2016

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf

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

<sup>&</sup>lt;sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours