

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

County: *Columbia*

Name: *Midland Water* ID #41: *01139* WTP-: Month/Year: *Oct 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	.07	.07	.08	.08	.08	.08	.08
2	.07	.08	.08	.09	.09	.10	.10
3	.11	.10	.10	.11	.12	.10	.12
4	.12	.10	.11	.11	.10	.10	.12
5	.12	.12	.11	.11	.11	.11	.12
6	.12	.12	.12	.12	.12	.12	.12
7	.11	.12	.11	.11	.12	.12	.12
8	.11	.11	.11	.11	.11	.10	.11
9	.10	.10	.10	.10	.10	.11	.11
10	.10	.09	.09	.09	.09	.09	.10
11	.07	.07	.07	.08	.07	.07	.08
12	.06	.06	.06	.07	.06	.06	.07
13	.06	.06	.05	.05	.05	.05	.06
14	.05	.04	.04	.05	.04	.04	.05
15	.05	.04	.04	.04	.04	.04	.05
16	.04	.03	.04	.03	.03	.03	.04
17	.03	.03	.03	.03	.03	.03	.03
18	.03	.03	.03	.04	.03	.03	.04
19	.03	.03	.03	.04	.03	.03	
20	.03	.03	.04	.04	.03	.03	
21	.03	.03	.03	.04	.03	.03	.04
22	.03	.03	.03	.05	.06	.06	.06
23	.06	.06	.06	.06	.06	.06	.06
24	.05	.05	.06	.06	.06	.05	.06
25	.05	.05	.06	.06	.05	.04	.06
26	.03	.04	.04	.04	.04	.04	.04
27	.04	.04	.04	.05	.05	.03	.04
28	.03	.03	.04	.04	.03	.03	.04
29	.03	.03	.04	.03	.03	.03	.04
30	.03	.03	.03	.03	.03	.03	.03
31	.03	.03	.04	.04	.04	.03	.04

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Notes:		PRINTED NAME: <i>David Borch</i> SIGNATURE: <i>[Signature]</i> DATE: <i>11-17-21</i> PHONE #: <i>(503) 858-0259</i> CERT #:	

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: Oct 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 6P	.97	70	68	14	7.8	53	Yes	77
21 7P	.98	73	72	14	7.7	53	Yes	77
31 7P	.97	74	73	14	7.8	53	Yes	76
41 7P	.96	70	67	14	7.8	53	Yes	76
51 8P	.97	75	73	14	7.7	53	Yes	77
61 7P	.98	73	71	14	7.7	53	Yes	77
71 8P	.98	74	73	14	7.7	53	Yes	77
81 7P	.99	74	72	13	7.7	53	Yes	77
91 7P	.98	78	76	13	7.7	53	Yes	77
101 6P	.98	75	73	13	7.7	53	Yes	76
111 7P	.98	75	72	13	7.7	53	Yes	77
121 8P	.97	77	76	13	7.7	53	Yes	77
131 8P	.99	75	74	13	7.7	53	Yes	77
141 8P	1.01	75	74	13	7.7	54	Yes	77
151 8P	.99	75	72	13	7.7	53	Yes	76
161 8P	.99	74	73	13	7.7	53	Yes	77
171 7P	.98	76	74	13	7.8	53	Yes	77
181 7P	.98	75	74	13	7.8	53	Yes	77
191 7P	.97	77	76	13	7.8	53	Yes	77
201 6P	.97	76	72	13	7.8	53	Yes	76
211 7P	.96	77	76	12	7.8	53	Yes	77
221 7P	.89	76	73	12	7.8	53	Yes	77
231 6P	.87	77	75	12	7.7	53	Yes	76
241 7P	.84	77	74	12	7.7	53	Yes	77
251 7P	.82	75	71	12	7.7	53	Yes	77
261 7P	.83	75	72	12	7.7	53	Yes	77
271 7P	.82	75	74	12	7.7	53	Yes	77
281 6P	.84	75	72	12	7.7	53	Yes	77
291 6P	.87	76	72	12	7.7	53	Yes	77
301 5P	.91	76	73	13	7.7	53	Yes	77
311 4P	.92	75	74	13	7.7	53	Yes	77

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