

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

County: *Columbia*

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

<p><b>Conventional or Direct Filtration</b></p> <p><b>Monthly Summary</b></p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All turbidity readings &lt; IFE<sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No<sup>2</sup></p> <p>Notes:</p>	<p><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All Cl<sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>PRINTED NAME: <i>David Burch</i></p> <p>SIGNATURE: <i>[Signature]</i> DATE: <i>12-10-21</i></p> <p>PHONE #: <i>(503) 858-0259</i> CERT #:</p>
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<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: *Nov 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]
1/	.97	75	74	12	7.8	53	Yes	77
2/	.97	74	72	12	7.7	53	Yes	77
3/	.95	78	71	12	7.7	53	Yes	77
4/	.96	77	74	11	7.7	53	Yes	77
5/	.96	74	73	10	7.7	53	Yes	77
6/	.95	75	74	10	7.7	53	Yes	76
7/	.96	75	73	10	7.7	53	Yes	77
8/	.97	76	75	10	7.7	53	Yes	75
9/	.96	76	73	10	7.7	53	Yes	77
10/	.96	75	72	10	7.7	53	Yes	76
11/	.95	77	74	10	7.7	53	Yes	76
12/	.96	78	75	10	7.7	53	Yes	77
13/	.97	76	74	11	7.7	53	Yes	77
14/	.95	72	71	10	7.7	53	Yes	75
15/	.95	71	69	10	7.7	53	Yes	76
16/	.95	70	68	10	7.7	53	Yes	78
17/	.96	71	69	11	7.7	53	Yes	77
18/	.95	73	70	10	7.7	53	Yes	77
19/	.97	72	71	10	7.7	53	Yes	77
20/	.94	74	72	9	7.7	70	Yes	76
21/	.95	74	72	9	7.7	70	Yes	77
22/	.94	77	75	10	7.7	53	Yes	77
23/	.96	73	71	10	7.7	53	Yes	76
24/	.96	74	72	10	7.7	53	Yes	75
25/	.97	75	72	9	7.7	70	Yes	76
26/	.97	75	73	9	7.7	70	Yes	76
27/	.99	75	74	9	7.7	70	Yes	77
28/	.99	73	72	9	7.7	70	Yes	77
29/	.98	74	72	9	7.7	70	Yes	77
30/	.98	75	71	9	7.7	70	Yes	77
31/								

<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