

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

County: *Columbia*

Name: *Midland Water* ID #41: *01139* WTP-: Month/Year: *Dec 21*

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

<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? <i>Yes</i> / No</p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <i>Yes</i> / No</p> <p>All turbidity readings &lt; IFE<sup>2</sup> triggers? <i>Yes</i> / 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) <i>Yes</i> / No</p> <p>All Cl<sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <i>Yes</i> / No</p> <p>PRINTED NAME: <i>David Burch</i></p> <p>SIGNATURE: <i>[Signature]</i> DATE: <i>1-10-22</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: Dec 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]
11 5P	.97	75	74	9	7.7	54	Yes	77
21 6P	.97	77	76	10	7.7	54	Yes	75
31 7P	.98	76	74	10	7.7	54	Yes	74
41 7P	.98	77	76	11	7.7	54	Yes	78
51 6P	.97	77	75	11	7.8	54	Yes	77
61 7P	.97	75	72	11	7.8	54	Yes	77
71 8P	.96	69	68	10	7.8	54	Yes	72
81 8P	.99	77	74	11	7.8	54	Yes	75
91 7P	.98	76	75	10	7.7	54	Yes	74
101 8P	.99	71	69	10	7.8	54	Yes	75
111 8P	.99	72	70	10	7.8	54	Yes	77
121 8P	1.01	74	73	10	7.8	54	Yes	73
131 7P	1.02	76	75	10	7.8	55	Yes	72
141 6P	.97	77	73	10	7.8	54	Yes	71
151 7P	.98	79	73	10	7.7	54	Yes	71
161 7P	.97	78	72	10	7.7	54	Yes	70
171 7P	.99	78	74	10	7.8	54	Yes	71
181 8P	.98	79	76	10	7.8	54	Yes	71
191 8P	.99	79	74	10	7.8	54	Yes	72
201 8P	.98	78	75	10	7.8	54	Yes	70
211 8P	.95	78	72	10	7.8	54	Yes	71
221 8P	.97	79	77	10	7.7	54	Yes	71
231 8P	.99	77	76	9	7.7	72	Yes	70
241 8P	.98	79	76	9	7.6	72	Yes	70
251 8P	.98	78	77	9	7.7	72	Yes	71
261 9P	.97	78	75	8	7.7	72	Yes	72
271 8P	.98	76	74	8	7.7	72	Yes	72
281 7P	.99	79	77	8	7.6	72	Yes	70
291 7P	.99	78	77	8	7.6	72	Yes	71
301 7P	.98	76	75	8	7.7	72	Yes	69
311 5P	.98	77	74	8	7.7	72	Yes	68

<sup>3</sup> If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf) Revised September 2016

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