

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

County: *Columbia*

Name: *Midland Water* ID #41: *01139* WTP-: Month/Year: *Feb 2022*

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	.03	.03	.03	.02	.02	.03	.03
2	.03	.03	.03	.02	.02	.03	.04
3	.02	.02	.01	.00	.01	.02	.03
4	.02	.02	.02	.03	.03	.02	.03
5	.02	.02	.02	.02	.02	.02	.03
6	.02	.02	.02	.00	.02	.02	.02
7	.02	.02	.02	.02	.02	.02	.02
8	.02	.02	.02	.02	.02	.02	.03
9	.02	.02	.02	.00	.02	.02	.02
10	.02	.02	.02	.03	.03	.02	.03
11	.02	.03	.03	.03	.03	.02	.03
12	.03	.03	.03	.03	.03	.03	.04
13	.03	.03	.03	.04	.03	.03	.04
14	.03	.02	.03	.03	.03	.03	.03
15	.03	.03	.03	.03	.03	.03	.03
16	.03	.03	.03	.03	.03	.03	.04
17	.03	.04	.03	.03	.04	.03	.04
18	.03	.03	.03	.03	.03	.03	.03
19	.03	.03	.03	.03	.03	.03	.03
20	.03	.04	.03	.03	.04	.03	.04
21	.03	.03	.05	.06	.03	.02	.06
22	.06	.10	.10	.10	.10	.10	.11
23	.09	.09	.10	.11	.10	.09	.12
24	.11	.11	.10	.18	.06	.07	.19
25	.08	.08	.08	.09	.06	.06	.10
26	.06	.07	.07	.08	.07	.07	.09
27	.07	.08	.08	.09	.06	.06	.09
28	.06	.06	.06	.07	.04	.04	.08
29							
30							
31							

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 ²		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 checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Notes:		PRINTED NAME: <i>David Burch</i> SIGNATURE: <i>[Signature]</i> DATE: <i>3-7-22</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-: *Feb 2022* Month/Year: *Feb 2022* 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]
1 / 2 P	.79	91	72	11	8.4	63	Y	59
2 / 2 P	.81	92	74	11	8.4	65	Y	59
3 / 12 P	.82	91	74	11	8.3	65	Y	59
4 / 3 P	.81	91	74	11	8.4	65	Y	59
5 / 2 P	.83	91	76	10	8.3	65	Y	59
6 / 1 P	.82	91	75	11	8.2	65	Y	59
7 / 1 P	.83	92	76	11	8.3	65	Y	58
8 / 2 P	.82	83	68	11	8.3	65	Y	65
9 / 12:30 P	.82	86	71	13	8.2	65	Y	62
10 / 2 P	.84	100	84	12	8.3	65	Y	54
11 / 2 P	.82	99	81	11	8.4	65	Y	54
12 / 1 P	.81	91	74	11	8.4	65	Y	59
13 / 1 P	.81	103	83	11	8.3	65	Y	52
14 / 3 P	.82	99	81	11	8.3	65	Y	54
15 / 3 P	.83	91	76	12	8.3	65	Y	59
16 / 3 P	.82	99	81	12	8.4	65	Y	54
17 / 2 P	.83	108	90	13	8.4	65	Y	50
18 / 1 P	.82	100	82	12	8.3	65	Y	54
19 / 1 P	.82	100	82	11	8.4	65	Y	54
20 / 2:30 P	.83	101	84	10	8.3	65	Y	53
21 / 1 P	.82	101	82	11	8.4	65	Y	53
22 / 2 P	.82	99	81	11	8.4	65	Y	54
23 / 2 P	.81	100	81	11	8.3	65	Y	54
24 / 2:30 P	.83	101	84	11	8.4	65	Y	53
25 / 2 P	.81	101	81	12	8.4	65	Y	53
26 / 3 P	.82	99	81	12	8.4	65	Y	54
27 / 2 P	.82	103	85	13	8.4	65	Y	52
28 / 2 P	.81	99	80	13	8.4	65	Y	54
29 /								
30 /								
31 /								

³ If Cl₂ 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

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