


Conventional or Direct Filtration

System Name: Midland Water Association		ID# 41-01139					Month/Year: June 2022	
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading [NTU]	Peak Hourly Flow [GPM]
1	.05	.05	.05	.05	.05	.05	.05	55
2	.05	.04	.05	.05	.05	.04	.05	55
3	.05	.05	.05	.06	.05	.05	.06	55
4	.05	.06	.05	.05	.05	.05	.06	55
5	.04	.04	.04	.04	.05	.05	.06	55
6	.05	.04	.04	.04	.05	.04	.05	65
7	.04	.04	.04	.05	.05	.05	.05	65
8	.05	.05	.05	.05	.05	.06	.06	65
9	.05	.05	.05	.06	.05	.06	.06	65
10	.05	.05	.05	.06	.05	.05	.06	65
11	.05	.05	.06	.06	.06	.06	.06	64
12	.06	.06	.05	.06	.06	.06	.06	65
13	.06	.07	.07	.08	.08	.08	.08	65
14	.08	.08	.07	.05	.04	.04	.08	65
15	.02	.02	.02	.02	.02	.02	.03	65
16	.02	.03	.03	.03	.03	.03	.03	65
17	.03	.03	.04	.04	.04	.04	.04	65
18	.04	.04	.04	.04	.04	.04	.04	65
19	.04	.04	.04	.04	.04	.04	.04	78
20	.04	.04	.04	.04	.04	.04	.04	78
21	.04	.04	.04	.04	.05	.05	.05	78
22	.05	.05	.04	.04	.04	.04	.05	59
23	.04	.04	.03	.03	.03	.03	.05	73
24	.03	.03	.04	.04	.04	.04	.05	72
25	.04	.04	.04	.04	.04	.04	.05	84
26	.04	.04	.05	.04	.03	.03	.05	74
27	.03	.03	.03	.04	.03	.03	.04	73
28	.03	.03	.04	.04	.03	.03	.04	79
29	.03	.03	.03	.03	.03	.04	.04	73
30	.04	.04	.04	.04	.04	.04	.04	66
31	.22							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary 95% of Turbidity Readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Turbidity Readings < 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All Turbidity Readings < IFE Triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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: David Burch	Date: 9-4-22
		Signature: 	Cert#:
		Phone #: (503) 858-0259	

OHA - Drinking Water Program – Surface Water Quality Data Form - *Giardia* Inactivation

Name: Midland Water

ID #41: 01139

WTP-: Month/Year: JUNE 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]
1/7P	.91	98	89	15	8.3	35	Y	55
2/8P	.90	98	88	15	8.2	35	Y	55
3/8P	.92	98	90	15	8.3	35	Y	55
4/8P	.88	98	86	16	8.3	35	Y	55
5/7P	.89	97	87	16	8.2	35	Y	55
6/7P	.91	83	76	15	8.2	35	Y	65
7/8P	.87	83	72	16	8.2	35	Y	65
8/7P	.89	83	74	16	8.3	35	Y	65
9/8P	.90	83	75	15	8.3	35	Y	65
10/9P	.89	83	74	15	8.3	35	Y	65
11/8P	.88	83	73	15	8.3	35	Y	64
12/7P	.92	83	76	16	8.2	35	Y	65
13/7P	.90	83	75	16	8.2	35	Y	65
14/8P	.91	83	76	16	8.3	35	Y	65
15/8P	.90	83	75	16	8.3	35	Y	65
16/8P	.89	83	74	15	8.3	35	Y	65
17/7P	.87	83	72	16	8.4	35	Y	65
18/7P	.88	83	73	16	8.3	35	Y	65
19/9P	.88	69	60	17	8.3	35	Y	78
20/8P	.92	69	63	17	8.3	35	Y	78
21/8P	.90	69	62	16	8.3	35	Y	78
22/8P	.91	91	83	16	8.2	35	Y	59
23/8P	.89	74	66	16	8.2	35	Y	73
24/7P	.88	75	66	16	8.3	35	Y	72
25/8P	.89	64	57	16	8.3	35	Y	84
26/7P	.90	73	65	17	8.2	35	Y	74
27/8P	.91	73	67	17	8.2	35	Y	73
28/8P	.88	68	59	17	8.2	35	Y	79
29/8P	.88	73	64	16	8.1	35	Y	73
30/8P	.89	81	72	16	8.2	35	Y	66
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