


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

County: Columbia

System Name: Midland Water Association		ID# 41-01139					Month/Year: <i>Sept 2022</i>	
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	77
2	.05	.05	.05	.06	.06	.06	.06	77
3	.06	.06	.06	.05	.05	.05	.06	77
4	.05	.05	.04	.04	.05	.05	.05	77
5	.05	.05	.04	.04	.04	.04	.05	77
6	.04	.05	.05	.04	.05	.05	.05	77
7	.05	.05	.05	.05	.05	.05	.05	77
8	.05	.05	.04	.04	.04	.04	.05	77
9	.04	.04	.04	.04	.04	.04	.04	77
10	.04	.05	.03	.03	.03	.03	.04	70
11	.03	.03	.03	.03	.03	.03	.04	70
12	.03	.03	.03	.03	.03	.03	.04	70
13	.03	.03	.03	.02	.02	.02	.03	70
14	.02	.03	.03	.03	.03	.03	.04	70
15	.03	.02	.02	.03	.03	.03	.03	70
16	.03	.03	.03	.02	.02	.02	.03	70
17	.02	.02	.02	.02	.02	.02	.03	71
18	.02	.02	.02	.03	.03	.03	.03	71
19	.03	.03	.03	.03	.04	.04	.04	71
20	.04	.04	.03	.03	.04	.04	.04	75
21	.04	.04	.04	.04	.04	.05	.04	72
22	.03	.03	.03	.03	.03	.03	.04	65
23	.03	.03	.03	.03	.03	.03	.04	65
24	.03	.04	.04	.04	.04	.04	.04	65
25	.04	.04	.04	.04	.04	.04	.04	65
26	.04	.03	.03	.04	.04	.04	.04	65
27	.04	.04	.04	.04	.04	.04	.04	65
28	.03	.03	.04	.04	.04	.04	.04	65
29	.04	.04	.03	.03	.03	.03	.04	65
30	.03	.03	.03	.03	.03	.03	.04	65
31	22							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of Turbidity Readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday?	
All Turbidity Readings < 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	(See Back)	All Cl ₂ residuals at entry point ≥ 0.2 mg/l?
All Turbidity Readings < IFE Triggers?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	Printed Name: David Burch		
	Signature: 	Date: 12-1-22	
	Phone #: (503) 858-0259	Cert#:	

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

Name: Midland Water ID #41: 01139 WTP-: Sept 2022 Month/Year: Sept 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/ 8P	.89	69	62	17	8.2	35	Y	77
2/ 8P	.88	70	61	16	8.2	35	Y	77
3/ 8P	.84	69	58	16	8.1	35	Y	77
4/ 8P	.87	69	60	16	8.1	35	Y	77
5/ 7P	.88	69	61	15	8.2	35	Y	77
6/ 7P	.84	69	58	15	8.2	35	Y	77
7/ 7P	.85	69	59	16	8.2	35	Y	77
8/ 7P	.85	69	59	15	8.1	35	Y	77
9/ 8P	.84	69	58	15	8.0	35	Y	77
10/ 8P	.81	77	62	15	8.1	35	Y	70
11/ 7P	.82	76	63	16	8.1	35	Y	70
12/ 6P	.81	77	62	15	8.0	35	Y	70
13/ 7P	.79	76	60	15	8.0	34	Y	70
14/ 7P	.78	77	60	15	8.0	34	Y	70
15/ 8P	.79	76	60	15	8.0	34	Y	70
16/ 8P	.82	76	63	14	8.1	53	Y	70
17/ 8P	.79	75	59	14	8.0	51	Y	71
18/ 8P	.80	76	61	15	8.1	35	Y	71
19/ 7P	.81	76	62	15	8.1	35	Y	71
20/ 8P	.79	71	56	14	8.1	51	Y	75
21/ 8P	.78	75	58	15	8.1	34	Y	72
22/ 7P	.79	83	65	15	8.1	34	Y	65
23/ 7P	.79	83	65	15	8.0	34	Y	65
24/ 7P	.81	83	67	16	8.0	35	Y	65
25/ 7P	.80	83	66	16	8.0	35	Y	65
26/ 8P	.78	83	65	15	8.0	34	Y	65
27/ 8P	.78	82	64	15	8.1	34	Y	65
28/ 8P	.79	82	65	15	8.1	34	X	65
29/ 8P	.81	82	67	15	8.1	35	Y	65
30/ 8P	.80	82	66	15	8.0	35	Y	65
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