


Conventional or Direct Filtration

System Name: Midland Water Association ID# 41-01139							Month/Year: Oct 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	.04	.04	.04	.04	.04	.04	.04	65
2	.04	.04	.04	.04	.04	.04	.04	65
3	.04	.04	.04	.04	.04	.04	.04	65
4	.04	.04	.04	.03	.03	.03	.04	65
5	.03	.03	.03	.03	.03	.03	.04	65
6	.03	.03	.03	.03	.03	.03	.04	65
7	.03	.04	.04	.04	.04	.04	.04	65
8	.04	.04	.04	.04	.04	.04	.04	65
9	.04	.04	.04	.03	.03	.03	.04	65
10	.03	.03	.03	.03	.03	.03	.03	65
11	.03	.03	.03	.03	.03	.03	.03	65
12	.03	.03	.03	.03	.03	.03	.03	63
13	.03	.03	.03	.03	.03	.03	.03	64
14	.04	.04	.04	.04	.04	.04	.04	65
15	.04	.04	.04	.04	.04	.04	.04	63
16	.04	.04	.04	.04	.04	.04	.04	69
17	.04	.04	.04	.04	.04	.04	.04	63
18	.04	.04	.04	.04	.04	.04	.04	63
19	.04	.04	.04	.04	.04	.04	.04	69
20	.04	.04	.04	.04	.03	.03	.04	65
21	.03	.03	.03	.03	.03	.03	.03	61
22	.03	.03	.03	.03	.03	.03	.03	67
23	.03	.03	.03	.03	.03	.03	.03	65
24	.03	.03	.03	.03	.03	.03	.03	58
25	.03	.03	.03	.03	.03	.03	.03	72
26	.03	.04	.04	.04	.04	.04	.04	63
27	.04	.04	.04	.04	.04	.04	.04	57
28	.04	.04	.04	.04	.04	.04	.04	55
29	.04	.04	.04	.04	.04	.04	.04	57
30	.04	.04	.04	.04	.04	.04	.04	53
31	.04	.04	.03	.03	.03	.03	.04	55

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? (See Back)	All Cl ₂ residuals at entry point ≥ 0.2 mg/l?
All Turbidity Readings < 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No		<input checked="" type="radio"/> Yes / <input type="radio"/> No
All Turbidity Readings < IFE Triggers?	<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-: Month/Year: Oct 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	.81	83	67	15	8.0	35	Y	65
2/ 7P	.82	83	68	15	8.1	35	Y	65
3/ 7P	.79	83	65	14	8.1	51	Y	65
4/ 7P	.81	83	67	14	7.9	44	Y	65
5/ 8P	.82	82	68	15	8.0	35	Y	65
6/ 8P	.81	83	67	14	7.9	44	Y	65
7/ 8P	.80	83	66	14	7.9	44	Y	65
8/ 8P	.81	82	67	14	8.0	53	Y	65
9/ 7P	.81	83	67	13	7.9	44	Y	65
10/ 7P	.80	83	66	13	8.1	53	Y	65
11/ 8P	.79	83	65	14	8.0	51	Y	65
12/ 9P	.80	85	68	13	8.1	53	Y	63
13/ 8P	.80	83	67	14	8.2	53	Y	64
14/ 8P	.81	83	67	13	8.1	53	Y	65
15/ 8P	.81	85	69	13	8.1	53	Y	63
16/ 7P	.82	78	64	13	7.9	44	Y	69
17/ 8P	.81	85	69	13	7.9	44	Y	63
18/ 8P	.81	85	69	13	7.9	44	Y	63
19/ 7P	.81	78	63	14	8.0	53	Y	69
20/ 8P	.82	83	68	14	7.9	44	Y	65
21/ 9P	.80	88	70	13	8.0	53	Y	61
22/ 8P	.79	80	63	13	8.1	51	Y	67
23/ 8P	.80	83	66	14	8.1	53	Y	65
24/ 8P	.81	93	75	14	8.1	53	Y	58
25/ 8P	.81	74	60	14	8.2	53	Y	72
26/ 8P	.80	85	68	14	8.1	53	Y	63
27/ 7P	.80	94	76	14	8.2	53	Y	57
28/ 7P	.81	98	79	14	8.2	53	Y	55
29/ 7P	.79	95	75	14	8.0	51	Y	57
30/ 8P	.80	100	80	14	8.2	53	Y	53
31/ 8P	.81	97	79	14	8.1	53	Y	55

Revised September 2016

³ If Cl₂ 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

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