

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

County: *Columbia*

Name: *Midland Water*

ID #41: 01139

WTP-:

Month/Year: *Feb/2023*

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

<b>Conventional or Direct Filtration</b> <b>Monthly Summary</b> 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No All turbidity readings < IFE <sup>2</sup> triggers? <u>Yes</u> / No <sup>2</sup>		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <u>Yes</u> / No All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	
<b>Notes:</b>		PRINTED NAME: <i>David Burch</i> SIGNATURE: <i>[Signature]</i> DATE: <i>3-7-23</i> PHONE #: <i>(503) 858-0259</i> CERT #:	

<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:

Log Requirement  
(Circle One): 0.5 1.0

February 2023

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 8P	79	88	69	13	8.1	53	Y	61
21 6P	74	82	61	13	8.1	53	Y	65
31 7P	77	91	70	13	7.9	44	Y	59
41 8P	77	91	70	13	7.8	44	Y	59
51 8P	75	91	68	13	7.9	44	Y	59
61 7P	79	91	72	13	8.0	53	Y	59
71 3P	78	91	71	13	8.2	53	Y	59
81 7P	79	93	73	13	7.9	44	Y	58
91 7P	72	93	67	13	7.9	44	Y	58
101 7P	71	93	66	13	8.0	53	Y	58
111 1:30P	73	91	67	14	8.0	53	Y	59
121 6P	71	93	66	14	7.9	44	Y	58
131 7P	69	92	63	13	7.9	44	Y	58
141 6P	71	92	65	14	7.8	44	Y	58
151 6P	72	92	66	14	7.8	44	Y	58
161 6P	69	92	63	13	7.9	44	Y	58
171 7P	72	92	66	13	8.0	53	Y	58
181 7P	71	92	65	13	8.0	53	Y	58
191 1 P	73	91	67	12	8.2	53	Y	59
201 7P	70	95	67	12	8.0	53	Y	56
211 3P	71	95	68	12	7.8	44	Y	56
221 6P	72	91	65	13	7.9	44	Y	59
231 6P	74	91	67	13	7.9	44	Y	59
241 7P	71	91	64	12	7.9	44	Y	59
251 7P	69	91	62	13	7.9	44	Y	59
261 7P	67	91	61	13	7.9	44	Y	59
271 7P	71	91	64	13	7.9	44	Y	59
281 8P	70	90	63	13	7.7	44	Y	60
29 /								
30 /								
31 /								

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

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