

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

County: *Columbia*

Name: *Midland Water*

ID #41: 01139

WTP:-

Month/Year: *March 2023*

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

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Filtration		Monthly Summary	
95% of the 4-hour turbidity readings \leq 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All the 4-hour turbidity readings \leq 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		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residuals at entry point \geq 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>4-7-25</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-: Month/Year:

Log Requirement
(Circle One): 0.5 **1.0**

March 2023

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]
11 7P	.71	92	65	14	7.9	44	Y	58
21 7P	.70	92	64	13	7.8	44	Y	58
31 8P	.71	92	65	13	7.8	44	Y	58
41 8P	.68	92	63	13	7.9	44	Y	58
51 7P	.69	92	63	13	7.8	44	Y	58
61 6P	.68	92	62	13	7.8	44	Y	58
71 2P	.69	92	63	12	7.7	44	Y	53
81 7P	.71	102	73	13	7.8	44	Y	53
91 7P	.70	102	71	13	7.9	44	Y	52
101 8P	.71	102	73	13	7.9	44	Y	53
111 7P	.71	102	72	13	7.9	44	Y	53
121 6P	.69	102	70	13	7.7	44	Y	53
131 6P	.68	102	69	13	7.8	44	Y	52
141 7P	.68	102	69	13	7.8	44	Y	53
151 6P	.70	102	71	12	7.8	44	Y	56
161 5P	.70	96	67	12	7.7	44	Y	72
171 6P	.71	74	53	12	7.8	44	Y	73
181 5P	.69	74	51	12	7.8	44	Y	73
191 1P	.69	74	51	13	7.8	44	Y	58
201 7P	.68	93	63	13	7.8	44	Y	58
211 6P	.68	93	63	13	7.9	44	Y	56
221 6P	.70	95	67	13	7.9	44	Y	56
231 5P	.71	95	68	13	7.9	44	Y	56
241 6P	.76	95	72	13	7.8	44	Y	62
251 5P	.77	87	67	13	7.8	44	Y	60
261 7P	.77	89	69	13	7.8	44	Y	60
271 7P	.79	89	70	13	7.8	44	Y	60
281 8P	.87	89	78	13	7.8	45	Y	60
291 7P	.84	89	75	13	7.9	45	Y	60
301 8P	.82	89	73	13	7.9	45	Y	60
311 8P	.81	89	72	13	7.8	45	Y	60

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