

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

County: *Columbia*

Name: *Midland Water* ID #41: *01139* WTP-: Month/Year: *March 2024*

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	.03	.03	.03	.03	.03	.03	.03
2	.02	.02	.02	.03	.03	.03	.03
3	.03	.02	.02	.02	.02	.02	.03
4	.02	.02	.02	.02	.02	.02	.02
5	.02	.02	.02	.02	.02	.02	.02
6	.02	.02	.02	.02	.02	.02	.02
7	.02	.02	.01	.01	.00	.00	.02
8	.01	.01	.01	.01	.01	.01	.02
9	.01	.01	.01	.01	.01	.01	.01
10	.01	.01	.01	.01	.01	.01	.01
11	.01	.01	.00	.00	.00	.00	.01
12	.00	.00	.00	.00	.00	.00	.01
13	.00	.01	.01	.02	.02	.02	.02
14	.02	.02	.02	.02	.02	.02	.02
15	.02	.02	.02	.01	.01	.01	.02
16	.01	.01	.01	.01	.01	.01	.02
17	.01	.01	.00	.00	.00	.00	.01
18	.00	.01	.01	.01	.01	.01	.01
19	.01	.01	.01	.01	.01	.01	.01
20	.01	.01	.01	.02	.02	.02	.02
21	.02	.02	.02	.02	.01	.01	.02
22	.01	.00	.00	.00	.00	.00	.01
23	.00	.00	.00	.00	.00	.00	.01
24	.00	.01	.02	.02	.02	.02	.03
25	.02	.02	.02	.02	.02	.02	.03
26	.02	.02	.02	.02	.03	.03	.03
27	.03	.03	.02	.02	.02	.02	.03
28	.02	.02	.02	.02	.02	.02	.03
29	.02	.01	.01	.01	.00	.00	.02
30	.00	.00	.00	.00	.00	.00	.01
31	.00	.00	.00	.00	.00	.00	.01

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All the 4-hour turbidity readings ≤ 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 ²	Monthly Summary (Answer Yes or 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: <i>DAVE BURCH</i>		DATE: <i>4-6-24</i>
SIGNATURE: <i>[Signature]</i>		CERT #:
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 = Individual Filter Eff. (OAR 333-061-0040(1)(d)(BAC))

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

Name: Midland Water

ID #41:01139 WTP-:

Month/Year:

March 2024

Log Requirement

(Circle One): 0.5 1.0

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	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/ 4P	.79	72	57	14	8.1	54	Y	75
2/ 1P	.86	92	74	14	8.1	54	Y	58
3/ 3P	.80	79	63	14	8.1	54	Y	68
4/ 4P	.81	81	66	14	8.0	53	Y	66
5/ 10P	.79	70	55	14	8.0	53	Y	76
6/ 5P	.78	96	75	13	8.1	54	Y	56
7/ 5P	.79	80	63	14	8.1	54	Y	67
8/ 5P	.79	80	64	14	8.1	54	Y	67
9/ 2P	.80	89	71	14	8.1	54	Y	60
10/ 4P	.81	81	65	13	8.0	53	Y	66
11/ 4P	.80	86	69	13	8.0	53	Y	63
12/ 5P	.79	83	66	13	8.1	54	Y	65
13/ 5P	.79	86	68	13	8.0	53	Y	63
14/ 5P	.79	86	68	14	8.0	53	Y	63
15/ 4P	.80	88	71	14	8.1	54	Y	61
16/ 3P	.80	88	71	14	8.1	54	Y	61
17/ 5P	.81	81	65	14	8.0	53	Y	66
18/ 6P	.81	83	67	14	8.1	54	Y	65
19/ 8P	.80	81	65	15	8.2	36	Y	67
20/ 7P	.80	88	71	15	8.1	36	Y	61
21/ 5P	.79	92	72	15	8.1	36	Y	59
22/ 6P	.80	84	67	15	8.0	35	Y	64
23/ 7P	.80	83	67	14	8.0	53	Y	65
24/ 7P	.81	86	69	14	8.0	53	Y	63
25/ 8P	.81	83	67	14	8.0	53	Y	65
26/ 7P	.80	88	71	14	8.1	54	Y	61
27/ 7P	.80	90	72	14	8.1	54	Y	60
28/ 7P	.79	90	71	14	8.0	53	Y	60
29/ 8P	.78	87	68	13	8.0	53	Y	61
30/ 6P	.79	96	76	14	8.0	53	Y	56
31/ 8P	.80	85	68	14	8.0	53	Y	63

² 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-comv-direct.pdf

Return by 10th of following month by email, fax, or mail to:

dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350