

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

County:

Name: Midland Water Assn. ID #41: 01139 WTP-: Month/Year: 1/25

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	.077	.082	.085	.130	.090	.089	.130
2	.089	.089	.088	.089	.093	.090	.093
3	.092	.084	.087	.092	.093	.090	.093
4	.086	.091	.093	.127	.088	.084	.093
5	.096	.086	.087	.107	.094	.088	.107
6	.092	.090	.089	.096	.098	.091	.098
7	.089	.105	.092	plant off	.095	.096	.105
8	.097	.095	.092	.097	.094	.094	.097
9	.093	.092	.095	.092	.096	.098	.098
10	.090	.099	.092	.118	.097	.100	.118
11	.089	.096	.097	plant off	.101	.100	.101
12	.102	.096	.099	.113	.101	.102	.113
13	.096	.103	.101	.134	.106	.102	.134
14	.099	.105	.103	.115	.104	.101	.115
15	.095	.098	.102	.077	.093	.060	.102
16	.083	.086	.089	.120	.100	.086	.120
17	.084	.107	.149	plant off	.097	.089	.149
18	.093	.093	.101	.094	.102	.098	.102
19	.091	.095	.099	.138	.101	.097	.138
20	.095	.101	.099	.100	.100	.096	.101
21	.102	.103	.099	.118	.104	.098	.118
22	.098	.102	.100	.105	.103	.100	.105
23	.099	.103	.104	.102	.100	.095	.104
24	.097	.097	.099	.104	.104	.095	.104
25	.100	.097	.099	.112	.098	.098	.112
26	.104	.099	.101	.104	.103	.099	.104
27	.102	.101	.097	.118	.106	.097	.118
28	.101	.099	.104	.102	.099	.100	.104
29	.100	.102	.102	.113	.105	.097	.113
30	.102	.099	.104	.101	.103	.099	.104
31	.102	.089	.183	.157	.302	.253	.302

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>	CT's met everyday? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No (see back)	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>James Dahlquist</u> SIGNATURE: <u>[Signature]</u> PHONE #: <u>(503) 438-8702</u>	DATE: CERT #: <u>T-09147</u>

<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 Eff. (OAR 333-061-0040(1)(d)(B&C))

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

Name: *Midland Water Assn.*

ID #410139 WTP-: Month/Year: *1/25* Log Requirement (Circle One): 0.5 1.0

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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/12pm	1.09	75	81.8	7.8	7.0	46	Y	91
2/1pm	1.006	75	75.5	8.8	7.2	47	Y	91
3/12pm	1.053	75	78.9	9.2	7.1	42	Y	91
4/12pm	1.05	75	78.7	12.2	7.2	35	Y	91
5/1Am	1.14	75	85.5	10.3	7.0	37	Y	91
6/1Am	1.30	75	97.5	9.0	7.0	42	Y	91
7/1pm	1.30	75	97.5	7.7	7.0	47	Y	91
8/4Am	1.29	75	96.8	8.5	7.0	44	Y	91
9/11pm	1.27	75	95.3	8.5	6.8	41	Y	91
10/12pm	1.20	75	90	8.3	7.0	43	Y	91
11/1pm	1.179	75	88.4	9.1	6.9	39	Y	91
12/12pm	1.11	75	83.3	9.2	7.1	42	Y	91
13/12pm	1.23	75	92.3	8.5	7.2	47	Y	91
14/12pm	1.19	75	89.3	7.0	7.3	51	Y	91
15/11Am	1.27	75	95.3	8.5	7.0	44	Y	91
16/12pm	1.19	75	89.3	6.7	7.2	52	Y	91
17/11pm	1.26	75	94.5	6.3	7.2	53	Y	91
18/2pm	1.25	75	93.8	4.8	7.2	61	Y	91
19/12pm	1.27	75	95.3	4.6	7.2	61	Y	91
20/10Am	1.27	75	95.3	5.8	7.1	54	Y	91
21/3pm	1.18	75	88.5	4.3	6.4	45	Y	91
22/2pm	1.16	75	87	9.3	6.8	38	Y	91
23/12pm	1.17	75	87.8	7.4	6.8	43	Y	91
24/1pm	1.16	75	87	6.9	7.0	48	Y	91
25/12pm	1.14	75	85.5	8.8	7.2	47	Y	91
26/5Am	1.23	75	92.3	4.6	7.6	69	Y	91
27/12pm	1.14	75	85.5	4.7	7.6	69	Y	91
28/8pm	1.22	75	91.5	4.1	7.7	72	Y	91
29/11Am	1.21	75	90.8	4.4	7.7	72	Y	91
30/10Am	1.17	75	87.8	5.5	7.7	66	Y	91
31/5Am	1.08	75	81	7.4	7.7	60	Y	91

<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