

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

County: Columbia

Name: Midland Water Association ID #41: 01139 WTP--: _____ Month/Year: 1/26

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	.102	.097	.100	plant off	.104	.108	.108
2	.117	.111	.104	.103	.096	.112	.117
3	.103	.103	.125	.099	.094	.099	.125
4	.101	.098	.165	.222	.126	.116	.222
5	.117	.065	.104	.094	.103	.147	.147
6	.108	.101	.100	.117	.155	.226	.226
7	.264	.201	.170	.215	.248	.243	.264
8	.230	.217	.393	plant off	.996	.258	.996
9	.249	.257	.260	.271	.257	.264	.271
10	.258	.248	.295	.205	.210	.200	.295
11	.238	.183	.997	.207	.159	.162	.997
12	.139	.141	.128	.124	.122	.122	.141
13	.114	.107	.107	.095	.096	.097	.114
14	.996	.092	.085	.996	.080	.085	.996
15	.133	.997	.077	.074	.077	.081	.997
16	.122	.071	.099	.166	.087	.093	.166
17	.093	.090	.089	.080	.079	.084	.093
18	.086	.080	.080	.075	.076	.081	.086
19	.083	.075	.073	.094	.084	.086	.094
20	.085	.082	.079	.073	.075	.079	.085
21	.077	.075	.075	.069	.067	.073	.077
22	.072	.070	.070	.066	.063	.068	.072
23	.071	.067	.064	.061	.080	.064	.080
24	.063	.061	.061	.060	.057	.060	.063
25	.063	.060	.063	.058	.055	.061	.063
26	.062	.056	.057	.054	.052	.057	.062
27	.059	.057	.053	.052	.052	.056	.059
28	.059	.067	.068	.103	.097	.094	.103
29	.100	.111	.151	.100	.086	.107	.151
30	.092	.081	.077	.101	.084	.080	.101
31	.078	.076	.076	.070	.064	.068	.078

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
	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	
Notes:	CT's met everyday? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No (see back)	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
	PRINTED NAME: <u>James Dahlquist</u>	DATE: <u>02/09/26</u>
	SIGNATURE: <u>[Signature]</u>	CERT #: <u>709147</u>
	PHONE #: <u>503 1438-8702</u>	

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 Association*

ID #41:01139 WTP-: Month/Year: *1/26* 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]
1/10 ³⁰ Am	1.26	75	94.5	7.8	7.4	53	Yes	91
2/10 ³⁰ Am	1.30	75	97.5	8.5	7.4	50	Yes	91
3/10 ³⁰ Am	1.13	75	84.8	9.2	7.4	48	Yes	91
4/10 ³⁰ Am	1.13	75	84.8	9.2	7.4	46	Yes	91
5/10 ³⁰ Am	1.55	75	116.3	8.8	7.3	48	Yes	91
6/10 ³⁰ Am	1.21	75	90.8	8.5	7.4	53	Yes	91
7/11Am	1.11	75	83.3	8.8	7.4	50	Yes	91
8/10 ³⁰ Am	.98	75	73.5	8.5	7.3	48	Yes	91
9/10 ³⁰ Am	1.05	75	78.8	9.0	7.4	46	Yes	91
10/10 ³⁰ Am	1.53	75	114.8	8.9	7.2	46	Yes	91
11/10 ³⁰ Am	1.08	75	81	10.4	7.4	46	Yes	91
12/10 ³⁰ Am	1.13	75	84.8	9.8	7.3	45	Yes	91
13/10 ³⁰ Am	1.24	75	93	9.9	7.4	47	Yes	91
14/10 ³⁰ Am	1.27	75	95.3	9.9	7.4	47	Yes	91
15/10 ³⁰ Am	1.31	75	98.3	10.6	7.4	44	Yes	91
16/10 ³⁰ Am	1.16	75	87	9.3	7.2	45	Yes	91
17/10 ⁴⁵ Am	1.26	75	94.5	8.5	7.3	48	Yes	91
18/10 ³⁰ Am	1.17	75	87.8	8.0	7.4	48	Yes	91
19/10 ³⁰ Am	1.14	75	85.5	7.8	7.4	53	Yes	91
20/10 ³⁰ Am	1.23	75	92.3	7.3	7.4	53	Yes	91
21/10 ³⁰ Am	1.41	75	105.8	7.0	7.4	53	Yes	91
22/10 ⁴⁵ Am	1.17	75	87.8	6.9	7.4	57	Yes	91
23/10 ⁴⁵ Am	1.24	75	93	8.4	7.4	50	Yes	91
24/10 ⁴⁵ Am	1.27	75	95.3	6.8	7.2	52	Yes	91
25/10 ³⁰ Am	1.18	75	88.5	6.8	7.5	58	Yes	91
26/10 ³⁰ Am	1.47	75	110.3	6.7	7.4	56	Yes	91
27/9 ¹⁵ Am	1.37	75	102.8	7.3	7.4	54	Yes	91
28/10 ³⁰ Am	1.29	75	96.8	8.0	7.3	49	Yes	91
29/10 ³⁰ Am	1.22	75	91.5	9.0	7.4	48	Yes	91
30/10 ³⁰ Am	1.37	75	102.8	9.3	7.4	47	Yes	91
31/10 ³⁰ Am	1.60	75	120	9.7	7.4	48	Yes	91

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours

Revised November 2022

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@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR

97293-0350