

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

County: *Feb*

Name: *Midland Water Association* ID #41: *01139* WTP-: Month/Year: *2/26*

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	.068	.077	.091	.114	.306	.146	.306
2	.110	.096	.120	.158	.128	.128	.158
3	.120	.111	.108	.098	.093	.101	.120
4	.105	.103	.101	.114	.107	.114	.114
5	.387	.113	.111	.104	.102	.996	.996
6	.109	.105	.105	.095	.104	.098	.109
7	.100	.095	.096	.100	.142	.117	.142
8	.111	.099	.092	.085	.103	.089	.111
9	.086	.090	.087	.083	.110	.097	.110
10	.088	.084	.080	.175	.094	.096	.175
11	.102	.100	.094	.085	.084	.087	.102
12	.095	.086	.996	.077	.077	.083	.996
13	.085	.084	.083	.082	.088	.123	.123
14	.096	.090	.088	.079	.074	.074	.096
15	.077	.075	.077	.072	.066	.069	.077
16	.072	.074	.072	.105	.096	.121	.121
17	.100	.109	.098	.084	.082	.084	.109
18	.086	.082	.083	.078	.074	.076	.086
19	.08998	.089	.082	.075	.074	.074	.098
20	.077	.079	.074	.067	.069	.071	.079
21	.076	.071	.075	.079	.068	.067	.079
22	.071	.070	.066	.068	.064	.072	.072
23	.096	.092	.092	.145	.110	.996	.996
24	.117	.119	.122	.110	.098	.094	.122
25	.100	.097	.096	.088	.085	.080	.100
26	.097	.088	.085	.081	.075	.080	.097
27	.086	.080	.082	.079	.073	.077	.086
28	.080	.079	.084	.111	.090	.094	.111
29							
30							
31							

<p>Conventional or Direct Filtration</p> <p style="text-align: center;">Monthly Summary</p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>All turbidity readings < IFE² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Notes:</p>	<p style="text-align: center;">Monthly Summary (Answer Yes or No)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No </td> <td style="width: 50%;"> All Cl₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No </td> </tr> </table> <p>PRINTED NAME: <i>James Dahlquist</i></p> <p>SIGNATURE: <i>James Dahlquist</i> DATE: <i>3/9/26</i></p> <p>PHONE #: <i>503 1438-8702</i> CERT #: <i>7-09147</i></p>	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
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		

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: 2/26

Log Requirement
(Circle One): 0.5 1.0

Feb

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	1.37	75	102.8	9.7	7.4	49	Yes	91
2/10 ⁴⁵ Am	1.43	75	107.3	9.3	7.4	48	Yes	91
3/10 ¹⁵ Am	1.42	75	106.5	9.5	7.4	48	Yes	91
4/10 ³⁰ Am	1.60	75	120	9.7	7.4	48	Yes	91
5/10 ³⁰ Am	1.44	75	108	9.6	7.5	51	Yes	91
6/10 ³⁰ Am	1.33	75	99.8	8.9	7.4	51	Yes	91
7/10 ³⁰ Am	1.30	75	97.5	9.2	7.4	48	Yes	91
8/10 ³⁰ Am	1.31	75	98.3	9.9	7.3	47	Yes	91
9/10 ³⁰ Am	1.27	75	95.3	9.3	7.4	48	Yes	91
10/10 ³⁰ Am	1.09	75	81.8	9.1	7.4	48	Yes	91
11/10 ³⁰ Am	1.43	75	107.3	8.5	7.4	49	Yes	91
12/10 ³⁰ Am	1.82	75	136.5	8.4	7.3	49	Yes	91
13/10 ³⁰ Am	1.33	75	99.8	8.7	7.5	55	Yes	91
14/10 ⁴⁵ Am	1.25	75	93.8	8.7	7.4	51	Yes	91
15/10 ³⁰ Am	1.23	75	92.3	8.8	7.5	52	Yes	91
16/10 ³⁰ Am	1.17	75	87.8	8.3	7.5	52	Yes	91
17/10 ³⁰ Am	1.28	75	96	7.8	7.4	53	Yes	91
18/10 ^{Am}	1.27	75	95.3	7.5	7.5	55	Yes	91
19/10 ³⁰ Am	1.30	75	97.5	7.6	7.5	55	Yes	91
20/10 ³⁰ Am	1.10	75	82.5	7.5	7.5	56	Yes	91
21/10 ⁴⁵ Am	1.22	75	91.5	7.9	7.5	55	Yes	91
22/10 ³⁰ Am	1.22	75	91.5	8.4	7.5	52	Yes	91
23/10 ³⁰ Am	1.15	75	86.3	9.0	7.4	47	Yes	91
24/10 ^{Am}	1.11	75	83.3	8.7	7.4	50	Yes	91
25/10 ³⁰ Am	1.13	75	84.8	8.8	7.5	51	Yes	91
26/9 ³⁰ Am	1.31	75	98.3	8.2	7.4	49	Yes	91
27/10 ³⁰ Am	1.14	75	85.5	8.3	7.4	51	Yes	91
28/10 ³⁰ Am	1.07	75	80.3	8.1	7.4	50	Yes	91
29/								
30/								
31/								

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