

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

County: Columbia

Name: Midland Water Association ID #41: 01139 WTP-: \_\_\_\_\_ Month/Year: 3/2026

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	.104	.095	.094	.093	.088	.092	.104
2	.098	.099	.094	.091	.087	.087	.099
3	.092	.089	.112	.104	.088	.080	.112
4	.094	.090	.125	.096	.092	.086	.125
5	.085	.083	.080	.079	.078	.079	.085
6	.079	.081	.083	.074	.073	.069	.083
7	.076	.075	.079	.072	.071	.068	.079
8	.079	.075	.073	.169	.112	.096	.169
9	.100	.106	.104	.092	.086	.091	.106
10	.095	.090	.088	.082	.084	.080	.095
11	.089	.084	.104	.202	.400	.480	.480
12	.645	.464	.350	.290	.254	.270	.645
13	.347	.366	.383	.409	.498	.579	.579
14	.672	.800	.898	.945	.598	.656	.945
15	.663	.647	.623	plant off	.654	.610	.663
16	.594	.557	.518	plant off	.453	.422	.594
17	.405	.368	.343	.390	.314	.294	.405
18	.284	.263	.254	.295	.248	.235	.295
19	.245	.219	.217	.194	.194	.185	.245
20	.196	.197	.175	.165	.199	.159	.199
21	.163	.157	.149	.140	.134	.129	.163
22	.133	.129	.133	.130	.124	.119	.133
23	.125	.119	.116	.110	.108	.105	.125
24	.121	.108	.113	.117	.122	.105	.122
25	.108	.106	.112	.234	.150	.142	.234
26	.138	.129	.126	.117	.118	.115	.138
27	.119	.114	.115	.106	.105	.104	.119
28	.110	.109	.108	.102	.098	.101	.110
29	.101	.097	.093	.089	.092	.094	.101
30	.101	.094	.093	.092	.083	.092	.101
31	.092	.088	.089	.075	.074	.074	.092

<p><b>Conventional or Direct Filtration</b></p> <p style="text-align: center;"><b>Monthly Summary</b></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 &lt; IFE<sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>Notes:</p>	<p style="text-align: center;"><b>Monthly Summary (Answer Yes or No)</b></p> <table 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 Cl<sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No                 </td> </tr> </table> <p>PRINTED NAME: <u>James Dahlquist</u></p> <p>SIGNATURE: <u><i>James Dahlquist</i></u> DATE: _____</p> <p>PHONE #: <u>(503) 438-8702</u> CERT #: <u>T-09147</u></p>	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> 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 <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		

<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 Association

ID #41: 01139 WTP-:

Month/Year: 3/2026

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]	C X T	[°C]		Use tables	Yes / No	[GPM]
1/10 <sup>15</sup> Am	1.17	75	87.8	8.5	7.4	49	Yes	91
2/10 <sup>15</sup> Am	1.11	75	83.3	9.2	7.4	47	Yes	91
3/9 Am	1.31	75	98.3	9.7	7.4	46	Yes	91
4/10 <sup>30</sup> Am	1.24	75	93	10.0	7.4	45	Yes	91
5/10 <sup>30</sup> Am	1.41	75	105.8	9.7	7.4	47	Yes	91
6/10 <sup>30</sup> Am	1.46	75	109.5	9.6	7.5	50	Yes	91
7/11 Am	1.50	75	112.5	10.2	7.4	45	Yes	91
8/10 <sup>30</sup> Am	1.36	75	102	10.2	7.5	48	Yes	91
9/10 <sup>30</sup> Am	1.26	75	94.5	8.6	7.4	51	Yes	91
10/10 <sup>30</sup> Am	1.11	75	83.3	7.5	7.5	55	Yes	91
11/10 <sup>30</sup> Am	1.00	75	75	8.1	7.5	51	Yes	91
12/10 <sup>30</sup> Am	.80	75	60	9.1	7.3	45	Yes	91
13/10 <sup>30</sup> Am	.88	75	66	8.8	7.4	48	Yes	91
14/10 <sup>30</sup> Am	1.02	75	76.5	8.5	7.3	46	Yes	91
15/10 <sup>30</sup> Am	1.18	75	88.5	8.2	7.4	49	Yes	91
16/10 <sup>30</sup> Am	1.45	75	108.8	9.0	7.4	47	Yes	91
17/10 <sup>30</sup> Am	1.19	75	89.3	9.7	7.4	48	Yes	91
18/10 <sup>30</sup> Am	1.12	75	84	10.1	7.4	44	Yes	91
19/10 <sup>30</sup> Am	1.10	75	82.5	10.3	7.4	43	Yes	91
20/10 <sup>45</sup> Am	1.30	75	97.5	10.8	7.4	43	Yes	91
21/10 <sup>30</sup> Am	1.11	75	83.3	9.7	7.4	48	Yes	91
22/10 <sup>30</sup> Am	1.06	75	79.5	8.2	7.4	49	Yes	91
23/10 <sup>30</sup> Am	1.02	75	76.5	8.5	7.4	49	Yes	91
24/10 <sup>15</sup> Am	1.05	75	78.8	9.4	7.4	46	Yes	91
25/10 <sup>30</sup> Am	1.23	75	92.3	9.2	7.4	46	Yes	91
26/11 Am	1.55	75	116.3	8.1	7.4	50	Yes	91
27/10 <sup>30</sup> Am	1.18	75	88.5	7.8	7.4	56	Yes	91
28/10 <sup>15</sup> Am	1.22	75	91.5	9.1	7.5	49	Yes	91
29/10 <sup>45</sup> Am	1.29	75	96.8	8.9	7.5	52	Yes	91
30/10 <sup>30</sup> Am	1.29	75	96.8	8.1	7.5	52	Yes	91
31/10 Am	1.15	75	86.3	7.9	7.5	55	Yes	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 November 2022

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

97293-0350