


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

County: Columbia

System Name: Midland Water Association		ID# 41-01139					Month/Year: June 2021	
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading [NTU]	Peak Hourly Flow [GPM]
1	.08	.06	.06	.06	.00	.04	.08	45
2	.04	.04	.06	.06	.06	.04	.06	51
3	.06	.06	.08	.09	.09	.10	.10	49
4	.09	.08	.08	.08	.08	.08	.08	47
5	.08	.08	.07	.07	.04	.04	.07	51
6	.06	.07	.07	.09	.06	.05	.09	47
7	.08	.09	.11	.11	.06	.04	.11	47
8	.06	.08	.10	.09	.06	.04	.10	42
9	.06	.06	.07	.07	.08	.07	.08	48
10	.06	.06	.07	.07	.07	.08	.08	53
11	.08	.07	.08	.08	.09	.07	.09	47
12	.08	.08	.09	.09	.10	.09	.10	48
13	.10	.10	.11	.12	.12	.12	.12	46
14	.12	.12	.12	.12	.14	.14	.14	44
15	.12	.12	.10	.10	.10	.12	.12	43
16	.10	.10	.10	.10	.10	.09	.09	43
17	.09	.09	.09	.09	.10	.09	.10	47
18	.09	.10	.10	.10	.12	.11	.12	46
19	.10	.09	.09	.09	.09	.09	.09	46
20	.10	.11	.12	.10	.09	.09	.12	45
21	.10	.12	.12	.12	.12	.14	.14	48
22	.12	.12	.12	.12	.12	.12	.12	53
23	.12	.12	.10	.09	.09	.09	.09	49
24	.09	.09	.08	.08	.08	.08	.08	44
25	.06	.05	.05	.06	.05	.05	.06	47
26	.04	.04	.05	.05	.06	.07	.07	45
27	.04	.03	.05	.03	.04	.04	.04	48
28	.03	.04	.04	.04	.05	.05	.05	45
29	.04	.05	.05	.06	.06	.05	.06	47
30	.04	.04	.04	.05	.05	.06	.06	49
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Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of Turbidity Readings \leq 0.3 NTU?	<u>Yes</u> / No	CT's met everyday?	
All Turbidity Readings < 1 NTU?	<u>Yes</u> / No	(See Back)	All Cl ₂ residuals at entry point \geq 0.2 mg/l?
All Turbidity Readings < IFE Triggers?	<u>Yes</u> / No	<u>Yes</u> / No	<u>Yes</u> / No
Notes:	Printed Name: David Burch		
	Signature: 		Date: 7-2-21
	Phone #: (503) 858-0259		Cert#:

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

Name: Midland Water ID #41: 01139 WTP: Month/Year: JUNE 2021 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 / 9 P	.111	96	93	13	7.6	55	Y	56
2 / 8 P	.49	96	107	13	7.7	54	Y	51
3 / 8:30 P	.78	118	95	14	7.5	53	Y	49
4 / 8 P	.84	106	92	14	7.5	54	Y	47
5 / 7 P	.81	118	89	14	7.7	54	Y	51
6 / 8 P	.78	113	89	14	7.5	53	Y	47
7 / 8 P	.79	105	88	15	7.5	53	Y	47
8 / 7 A	.80	115	83	15	7.7	53	Y	42
9 / 8 A	.77	115	92	15	7.6	53	Y	48
10 / 7 P	.79	128	88	15	7.6	53	Y	53
11 / 8 P	.78	112	101	15	7.7	53	Y	47
12 / 8 P	.81	101	87	15	7.5	54	Y	48
13 / 8:30 P	.84	115	82	15	7.6	54	Y	46
14 / 7 P	.83	111	96	15	7.5	54	Y	44
15 / 7 P	.87	116	93	15	7.5	54	Y	43
16 / 8 P	.88	122	101	15	7.5	54	Y	43
17 / 7 P	.85	124	107	15	7.7	54	Y	47
18 / 8 P	.86	123	105	15	7.6	54	Y	46
19 / 9 P	.91	113	106	15	7.6	54	Y	46
20 / 16:30 A	.92	117	103	15	7.7	54	Y	45
21 / 7 P	.93	116	107	15	7.6	54	Y	48
22 / 11:15 P	.95	120	108	15	7.6	54	Y	53
23 / 5 P	.98	111	114	15	7.6	54	Y	49
24 / 9 P	.92	101	109	15	7.6	54	Y	44
25 / 12 A	.88	110	93	15	7.6	54	Y	47
26 / 7 P	.84	121	97	15	7.7	54	Y	45
27 / 9 P	.85	114	102	15	7.7	54	Y	48
28 / 8:30 A	.88	120	97	15	7.5	54	Y	45
29 / 11:30 P	.85	111	106	15	7.5	54	Y	47
30 / 7 P	.86	120	95	15	7.6	54	Y	49
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³ 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-conv-direct.pdf

Return by 10th 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