

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

County:

Name: Midland Water ID #41: 01139 WTP-: Month/Year: JAN/22

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	.04	.04	.04	.04	.07	.07	.08
2	.04	.05	.10	.14	.14	.08	.16
3	.04	.04	.04	.04	.04	.04	.04
4	.03	.03	.04	.04	.04	.03	.04
5	.03	.03	.02	.02	.02	.02	.03
6	.03	.03	.02	.02	.02	.02	.03
7	.03	.02	.01	.01	.02	.02	.03
8	.03	.03	.04	.03	.02	.02	.04
9	.02	.02	.03	.03	.02	.02	.04
10	.02	.02	.03	.02	.03	.03	.03
11	.03	.03	.04	.03	.03	.03	.04
12	.02	.02	.02	.03	.02	.02	.03
13	.02	.02	.02	.02	.02	.02	.02
14	.02	.03	.03	.03	.04	.04	.04
15	.03	.03	.02	.02	.02	.02	.03
16	.03	.03	.02	.02	.02	.03	.03
17	.03	.04	.03	.03	.02	.03	.04
18	.04	.04	.04	.03	.02	.02	.04
19	.02	.03	.02	.02	.02	.02	.03
20	.02	.02	.05	.03	.03	.03	.03
21	.03	.02	.03	.03	.04	.04	.04
22	.04	.04	.03	.03	.04	.04	.04
23	.05	.05	.05	.07	.04	.03	.07
24	.03	.03	.04	.03	.02	.03	.04
25	.02	.02	.03	.02	.02	.02	.03
26	.02	.02	.02	.03	.03	.03	.03
27	.03	.02	.02	.02	.02	.03	.03
28	.03	.03	.03	.03	.04	.03	.04
29	.03	.02	.02	.02	.02	.02	.03
30	.02	.03	.02	.02	.02	.02	.03
31	.02	.02	.02	.02	.02	.03	.03

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> /No All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> /No All turbidity readings < IFE <sup>2</sup> triggers? <u>Yes</u> /No <sup>2</sup>	CT's met everyday? (see back) <u>Yes</u> /No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> /No
Notes:	PRINTED NAME: <u>David Burch</u> SIGNATURE: <u>[Signature]</u> DATE: <u>2-4-22</u> PHONE #: <u>(503) 858-0259</u> CERT #:	

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

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

Name: Midland Water ID #41: 01139 WTP-: 1/2022 Month/Year: 1/2022 Log Requirement (Circle One): 0.5 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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]
1/1 6P	.81	90	73	11	7.7	54	Y	60
2/1 1:30P	.87	89	78	11	7.7	54	Y	60
3/1 7P	.83	87	72	12	7.7	54	Y	62
4/1 2:30P	.80	80	64	11	7.7	54	Y	67
5/1 7P	.82	100	82	12	7.7	54	Y	59
6/1 7P	.82	99	81	11	7.8	54	Y	54
7/1 12:30P	.84	96	81	11	7.7	54	Y	56
8/1 6P	.80	100	80	11	7.8	54	Y	54
9/1 10:30A	.78	96	75	11	7.8	54	Y	56
10/1 7P	.81	104	84	12	7.8	54	Y	52
11/1 7P	.82	103	84	12	7.8	54	Y	52
12/1 11A	.82	103	84	12	7.9	54	Y	52
13/1 8P	.86	86	69	12	7.9	54	Y	62
14/1 9P	.78	113	88	12	7.9	54	Y	47
15/1 7P	.78	100	78	12	7.9	54	Y	54
16/1 7P	.80	93	75	11	7.9	54	Y	58
17/1 1P	.79	110	87	10	8.0	54	Y	49
18/1 8P	.82	99	81	11	8.1	65	Y	54
19/1 7P	.80	99	79	11	8.1	65	Y	54
20/1 8P	.81	99	80	11	8.1	65	Y	54
21/1 8P	.82	99	81	12	7.9	65	Y	54
22/1 7P	.83	99	82	11	8.2	65	Y	54
23/1 12:30P	.82	97	79	10	8.2	65	Y	55
24/1 8P	.81	109	88	11	8.3	65	Y	49
25/1 8P	.82	110	90	11	8.2	65	Y	49
26/1 7P	.82	110	90	12	8.2	65	Y	49
27/1 11A	.83	87	72	11	8.3	65	Y	62
28/1 7P	.82	82	67	10	8.3	65	Y	66
29/1 8P	.82	93	77	11	8.3	65	Y	57
30/1 8P	.82	100	82	11	8.2	65	Y	54
31/1 10A	.83	103	85	10	8.2	65	Y	52

<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