


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

County: *Columbia*

Name: *Midland Water* ID #41: *01139* WTP-: Month/Year: *3/22*

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	05	05	05	.05	.04	04	05
2	04	04	04	.04	04	04	05
3	04	04	04	.04	04	04	04
4	04	04	04	.04	04	04	04
5	04	05	05	.05	04	04	05
6	04	04	04	.04	04	04	04
7	04	04	04	.04	04	04	04
8	04	03	03	03	04	04	04
9	04	04	04	04	04	02	04
10	04	04	04	04	02	03	04
11	04	04	05	05	02	03	05
12	04	04	04	04	04	05	05
13	05	07	.09	11	09	.05	11
14	05	05	04	.04	04	04	05
15	03	04	04	04	03	02	04
16	04	04	03	02	03	03	04
17	03	04	04	.04	04	04	04
18	03	04	04	.04	03	.02	04
19	02	03	03	.04	04	04	04
20	04	04	04	05	05	05	05
21	04	04	04	.04	04	04	04
22	04	06	07	09	05	04	09
23	04	03	03	.02	03	03	05
24	04	04	04	04	04	04	05
25	03	03	03	04	04	04	04
26	03	04	04	05	04	04	05
27	03	03	03	04	05	05	05
28	04	03	03	04	04	04	05
29	03	04	04	04	04	04	04
30	04	04	04	.01	04	04	04
31	04	04	04	04	04	04	04

Conventional or Direct Filtration Monthly Summary 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		Monthly Summary (Answer Yes or 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	
Notes:		PRINTED NAME: <i>David Burch</i> SIGNATURE:  DATE: <i>April 17</i> PHONE #: <i>(503) 1858 0259</i> CERT #:	

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 Eff. (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-: Month/Year: March 2022

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/ 12 P	.59	166	69	14	8.5	50	Y	46
2/ 3 P	.59	106	63	13	8.4	50	Y	51
3/ 3 P	.61	102	62	13	8.3	51	Y	53
4/ 3 P	.68	97	66	13	8.4	51	Y	56
5/ 4 P	.65	94	61	13	8.3	51	Y	57
6/ 3 P	.64	109	69	12	8.4	51	Y	49
7/ 4 P	.62	97	60	13	8.3	51	Y	55
8/ 4 P	.67	97	65	13	8.3	51	Y	56
9/ 3 P	.64	100	64	13	8.4	51	Y	54
10/ 3 P	.65	97	63	12	8.4	51	Y	56
11/ 11 A	.68	96	65	12	8.4	51	Y	56
12/ 2 P	.69	133	92	12	8.4	51	Y	40
13/ 3 P	.71	86	61	14	8.3	51	Y	62
14/ 4 P	.68	94	64	13	8.4	51	Y	57
15/ 4 P	.67	97	65	12	8.4	51	Y	56
16/ 4 P	.70	113	79	12	8.3	51	Y	47
17/ 3 P	.72	100	72	12	8.4	51	Y	54
18/ 4 P	.69	94	65	13	8.4	51	Y	57
19/ 3 P	.71	104	74	14	8.4	51	Y	51
20/ 3 P	.76	97	73	13	8.5	51	Y	56
21/ 2 P	.77	100	77	12	8.4	51	Y	54
22/ 12 P	.80	94	75	12	8.3	53	Y	57
23/ 3 P	.71	108	77	13	8.3	51	Y	50
24/ 9 A	.74	80	59	12	8.4	51	Y	67
25/ 2 P	.88	132	117	12	8.4	53	Y	40
26/ 4 P	1.02	91	93	13	8.4	54	Y	59
27/ 3 P	.94	100	94	13	8.4	53	Y	54
28/ 3 P	.84	97	81	14	8.4	53	Y	56
29/ 4 P	.81	94	76	13	8.4	53	Y	57
30/ 3 P	.79	100	79	14	8.4	51	Y	54
31/ 2 P	.77	100	77	14	8.4	51	Y	54

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