

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

County: Columbia

Name: Midland Water ID #41: 01139 WTP-: _____ Month/Year: 4/22

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

Conventional or Direct Filtration 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 ² triggers? <u>Yes</u> / No ²	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes</u> / No All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	
	PRINTED NAME: <u>David Burch</u> SIGNATURE: <u>[Signature]</u> DATE: <u>5-7-22</u> PHONE #: <u>(503) 858-0259</u> 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 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-: _____ Month/Year: April 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 / 4:30P	.85	102	86	13	8.3	53	Y	53
2 / 8P	1.12	80	90	12	8.3	54	Y	67
3 / 4:30P	1.28	77	99	13	8.3	55	Y	69
4 / 4P	.82	77	63	13	8.3	53	Y	69
5 / 11A	.84	78	65	14	8.3	53	Y	69
6 / 3P	.79	86	68	14	8.3	51	Y	62
7 / 4P	.81	72	58	13	8.3	53	Y	75
8 / 3P	.77	91	70	13	8.3	51	Y	59
9 / 4P	.81	94	76	12	8.3	53	Y	57
10 / 8P	.84	86	72	12	8.4	53	Y	62
11 / 4P	.81	110	89	12	8.3	53	Y	49
12 / 4P	.79	97	76	12	8.3	51	Y	56
13 / 3P	.79	100	79	12	8.3	51	Y	54
14 / 11A	.82	70	57	12	8.3	53	Y	77
15 / 4P	.80	88	71	13	8.3	53	Y	61
16 / 4P	.77	97	74	13	8.3	51	Y	56
17 / 4P	.79	97	76	14	8.3	51	Y	56
18 / 3P	.77	100	77	14	8.3	51	Y	54
19 / 3P	.79	97	76	14	8.3	51	Y	56
20 / 12:30P	.78	69	54	14	8.4	51	Y	78
21 / 3P	.80	87	70	14	8.3	53	Y	61
22 / 4P	.79	94	74	14	8.3	51	Y	57
23 / 4P	.82	97	79	13	8.3	53	Y	56
24 / 3P	.81	100	81	13	8.3	53	Y	54
25 / 3P	.78	97	75	13	8.3	51	Y	56
26 / 3P	.82	97	79	14	8.3	53	Y	56
27 / 4P	.84	94	79	14	8.3	53	Y	57
28 / 4P	.81	97	78	14	8.3	53	Y	56
29 / 4P	.83	97	80	14	8.3	53	Y	56
30 / 1:30P	.85	73	62	14	8.4	53	Y	74
31 /								

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