

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

County: *Columbia*

Name: *Midland Water* ID #41: *01139* WTP-: Month/Year: *5/22*

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

<b>Conventional or Direct Filtration</b> <b>Monthly Summary</b> 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 <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>	<b>Monthly Summary (Answer Yes or No)</b> 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	
	PRINTED NAME: <i>David Burch</i> SIGNATURE: <i>[Signature]</i> DATE: <i>6-4-22</i> PHONE #: <i>(503) 858-0259</i> 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-: 5/22 Month/Year: 5/22 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]
11 3 P	.82	96	78	12	8.4	53	Y	56
21 4 P	.81	94	76	12	8.2	53	Y	57
31 8 P	.84	86	72	12	7.9	44	Y	62
41 9 A	.76	92	70	12	8.4	51	Y	59
51 7 P	.81	80	65	12	8.2	53	Y	67
61 3 P	.83	79	65	12	8.0	53	Y	68
71 4 P	.84	81	68	12	8.1	53	Y	66
81 1 P	.89	81	72	12	8.0	53	Y	66
91 7 P	.87	97	84	12	7.9	44	Y	56
101 5 P	.89	92	82	12	7.9	44	Y	58
111 1 P	.90	87	79	12	7.7	44	Y	61
121 7 P	.89	97	86	12	7.8	44	Y	56
131 6 P	.87	102	89	12	7.8	44	Y	52
141 6 P	.85	97	82	13	7.8	44	Y	56
151 4 P	.83	90	74	13	7.8	44	Y	60
161 6 P	.84	102	86	14	7.9	44	Y	52
171 7 P	.81	105	85	13	7.9	44	Y	51
181 7 P	.84	86	72	12	7.9	44	Y	62
191 8 P	.82	95	78	12	7.8	44	Y	57
201 6 P	.80	103	82	13	7.9	44	Y	52
211 6 P	.81	86	70	13	7.9	44	Y	63
221 7 P	.82	94	77	13	8.1	53	Y	57
231 6 P	.88	99	87	13	8.1	55	Y	54
241 7 P	.89	94	84	12	7.9	44	Y	57
251 8 A	.86	89	77	12	7.8	44	Y	60
261 9 P	.87	92	80	13	7.7	44	Y	58
271 7 P	.94	103	97	14	7.8	44	Y	52
281 6 P	.92	100	92	15	7.9	44	Y	54
291 7 P	.89	94	83	16	7.8	44	Y	57
301 7 P	.91	97	88	15	7.7	44	Y	56
311 1 P	.93	75	70	16	7.8	44	Y	72

<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