


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

County: *Columbia*

Name: *Midland Water* ID #41: *01139* WTP-: Month/Year: *Jan/2023*

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

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / No ²	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
	Notes:	
PRINTED NAME: <i>David Bunch</i>		SIGNATURE: 
PHONE #: <i>(503) 858-0259</i>		DATE: <i>2-8-23</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 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:

JANUARY 2006

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]
1/10A	.76	92	70	12	7.9	43	Y	58
2/7P	.71	95	68	12	7.9	43	Y	56
3/7P	.68	95	65	12	8.0	51	Y	56
4/7P	.65	95	62	11	8.0	51	Y	56
5/8P	.67	100	67	12	8.0	51	Y	53
6/8P	.62	100	62	11	8.1	51	Y	54
7/8P	.58	100	58	11	8.1	50	Y	54
8/8P	.63	93	58	11	8.1	51	Y	58
9/8P	.65	93	60	12	8.1	51	Y	58
10/8P	.64	93	59	12	8.1	51	Y	58
11/7P	.66	98	65	12	8.0	51	Y	55
12/7P	.65	98	64	13	8.0	51	Y	55
13/9P	.63	98	62	13	8.0	51	Y	55
14/8P	.65	94	61	13	7.9	43	Y	57
15/8P	.67	94	63	13	7.9	43	Y	57
16/7P	.65	94	61	12	7.9	43	Y	57
17/7P	.66	94	62	12	7.9	43	Y	57
18/7P	.66	94	62	12	7.9	43	Y	57
19/8P	.68	94	64	12	7.9	43	Y	57
20/8P	.66	94	62	13	7.9	43	Y	57
21/8P	.69	94	65	12	7.9	43	Y	57
22/7P	.68	94	64	12	8.0	51	Y	57
23/7P	.67	94	63	12	8.0	51	Y	57
24/7P	.67	95	62	13	8.0	51	Y	56
25/8P	.68	97	65	13	8.0	51	Y	55
26/8P	.66	98	64	12	8.0	51	Y	55
27/8P	.68	98	63	12	8.1	51	Y	55
28/8P	.67	89	60	13	8.1	51	Y	60
29/7P	.68	89	60	13	8.1	51	Y	60
30/8P	.69	89	61	13	8.1	51	Y	60
31/8P	.68	89	60	13	8.1	51	Y	60

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