

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

County: *Columbia*

Name: *Midland Water* ID #41: *01139* WTP-: Month/Year: *April 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	.04	.04	.04	.04	.04	.03	.04
2	.04	.04	.04	.04	.04	.03	.04
3	.04	.04	.03	.03	.04	.03	.04
4	.04	.04	.03	.03	.04	.03	.04
5	.03	.03	.03	.03	.04	.03	.04
6	.03	.03	.03	.03	.04	.03	.04
7	.03	.04	.04	.04	.04	.02	.04
8	.03	.04	.04	.04	.04	.04	.04
9	.04	.04	.04	.04	.04	.03	.04
10	.03	.03	.03	.03	.04	.02	.04
11	.04	.04	.03	.03	.04	.02	.04
12	.04	.04	.03	.03	.03	.02	.04
13	.03	.03	.03	.03	.03	.03	.03
14	.03	.04	.04	.04	.03	.03	.04
15	.03	.04	.04	.04	.03	.03	.04
16	.03	.03	.03	.03	.04	.03	.04
17	.03	.04	.04	.04	.04	.03	.04
18	.03	.02	.04	.04	.04	.03	.04
19	.03	.03	.03	.03	.04	.03	.04
20	.03	.04	.04	.03	.04	.03	.04
21	.03	.04	.04	.03	.03	.03	.04
22	.03	.03	.03	.03	.03	.03	.03
23	.03	.04	.04	.04	.04	.04	.04
24	.03	.04	.04	.04	.03	.04	.04
25	.03	.03	.03	.03	.03	.04	.04
26	.03	.04	.04	.04	.04	.04	.04
27	.03	.03	.03	.03	.03	.03	.03
28	.03	.03	.03	.04	.04	.04	.04
29	.03	.03	.03	.03	.04	.04	.04
30	.03	.03	.03	.04	.04	.04	.04
31							

Conventional or Direct Filtration Monthly Summary 95% of the 4-hour turbidity readings ≤ 0.3 NTU? Yes / No All the 4-hour turbidity readings ≤ 1 NTU? Yes / No All turbidity readings < IFE ² triggers? Yes / No	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) Yes / No All Cl ₂ residuals at entry point ≥ 0.2 mg/l? Yes / No	
	PRINTED NAME: <i>David Burch</i> SIGNATURE: <i>[Signature]</i> DATE: <i>5-7-23</i> PHONE #: <i>(503) 858-0259</i> CERT #:	
Notes:		

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 2023

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]
11/12 P	.81	113	92	14	7.8	44	Y	47
21/7 P	.77	108	83	14	7.9	43	Y	50
31/7 P	.74	85	63	14	7.8	43	Y	63
41/8 P	.79	83	67	14	7.8	43	Y	63
51/8 P	.80	85	68	14	7.8	44	Y	63
61/9 P	.80	85	68	14	7.9	44	Y	63
71/8 P	.81	85	69	14	7.8	44	Y	63
81/8 P	.81	85	69	14	7.9	44	Y	63
91/7 P	.79	85	67	14	7.9	43	Y	63
10/12:30 P	.79	87	69	14	7.9	43	Y	62
11/7:30 P	.78	72	56	14	7.8	43	Y	75
12/8 P	.79	77	61	14	7.8	43	Y	70
13/8 P	.79	76	60	14	7.9	43	Y	71
14/8 P	.77	76	58	14	7.8	43	Y	71
15/7 P	.80	76	61	14	7.8	44	Y	71
16/7 P	.81	76	61	14	7.8	44	Y	71
17/8 P	.81	76	61	14	7.9	44	Y	71
18/8 P	.80	76	61	14	7.9	44	Y	71
19/9 P	.79	76	60	14	7.9	43	Y	71
20/9 A	.79	76	60	14	7.8	43	Y	71
21/9 P	.78	85	66	14	7.8	43	Y	63
22/8 P	.78	85	66	14	7.8	43	Y	63
23/8 P	.79	91	72	14	7.8	43	Y	59
24/7 P	.78	79	62	15	7.8	29	Y	68
25/8 P	.79	85	67	15	7.9	29	Y	63
26/8 P	.80	85	68	15	7.9	29	Y	63
27/8 P	.81	85	69	15	7.8	29	Y	63
28/8 P	.81	85	68	15	7.8	29	Y	63
29/7 P	.81	85	69	15	7.8	29	Y	63
30/4 P	.80	84	68	15	7.9	29	Y	63
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