

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

County: Columbia

Name: Midland Water ID #41: 01139 WTP-: _____ Month/Year: MAY 2021

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	.03	.03	.03	.04	.03	.04	.04
2	.03	.04	.03	.03	.03	.03	.04
3	.04	.03	.03	.03	.03	.03	.04
4	.03	.04	.04	.04	.04	.04	.04
5	.04	.03	.03	.03	.04	.03	.04
6	.03	.03	.04	.04	.04	.03	.04
7	.04	.03	.03	.03	.03	.03	.04
8	.04	.03	.04	.03	.03	.04	.04
9	.03	.03	.03	.04	.04	.03	.04
10	.04	.04	.04	.03	.03	.03	.04
11	.04	.04	.03	.03	.03	.03	.04
12	.03	.03	.03	.04	.04	.04	.04
13	.04	.04	.03	.03	.04	.03	.04
14	.04	.04	.03	.03	.03	.03	.04
15	.03	.03	.04	.03	.03	.04	.04
16	.04	.04	.03	.03	.03	.03	.04
17	.04	.04	.03	.03	.04	.04	.04
18	.04	.04	.04	.03	.04	.04	.04
19	.04	.04	.03	.04	.04	.04	.04
20	.04	.03	.03	.04	.03	.03	.04
21	.03	.03	.04	.03	.03	.03	.04
22	.04	.04	.03	.03	.04	.04	.04
23	.04	.03	.03	.04	.03	.03	.04
24	.04	.03	.04	.04	.04	.04	.04
25	.05	.06	.08	.10	.18	.19	.19
26	.19	.18	.18	.17	.17	.16	.17
27	.16	.20	.22	.24	.24	.24	.24
28	.21	.19	.19	.21	.21	.21	.21
29	.19	.20	.14	.14	.14	.14	.20
30	.14	.12	.12	.12	.11	.11	.14
31	.10	.09	.10	.09	.09	.09	.10

<p>Conventional or Direct Filtration</p> <p>Monthly Summary</p> <p>95% of the 4-hour turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No</p> <p>All the 4-hour turbidity readings ≤ 1 NTU? <u>Yes</u> / No</p> <p>All turbidity readings < IFE² triggers? <u>Yes</u> / No²</p> <p>Notes:</p>	<p>Monthly Summary (Answer Yes or No)</p> <p>CT's met everyday? (see back) <u>Yes</u> / No</p> <p>All Cl₂ residuals at entry point ≥ 0.2 mg/l? <u>Yes</u> / No</p> <p>PRINTED NAME: <u>David Borck</u></p> <p>SIGNATURE: <u>[Signature]</u> DATE: <u>6-1-21</u></p> <p>PHONE #: <u>(503) 858-0259</u> CERT #:</p>
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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))

Oregon DHS - Drinking Water Program – Surface Water Quality Data Form

System Name: *Midland Water*

ID #: 41 *01139*

Month/Year: *May 2021*

Date / Time	Minimum Cl ₂ Residual at 1 st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?
	ppm or mg/L	minutes	CXT	°C		Use tables	Yes / No
1/10 A	1.09	82	89	12	7.8	54	Y
2/10 A	1.28	68	87	12	7.8	55	Y
3/12 A	1.11	55	61	13	7.8	54	Y
4/12 A	1.04	62	65	14	7.8	54	Y
5/11 A	.99	72	71	13	7.8	53	Y
6/12 A	.91	78	71	12	7.8	53	Y
7/12:30 P	.82	71	58	13	7.8	53	Y
8/6 P	.84	67	56	12	7.8	53	Y
9/7:30 P	.86	71	61	14	7.8	53	Y
10/10 A	.84	67	56	12	7.8	53	Y
11/11:30 A	.83	64	53	12	7.8	53	Y
12/10 A	.79	69	55	12	7.8	51	Y
13/10:30 A	.76	69	53	12	7.8	51	Y
14/9:30 A	.75	68	51	12	7.8	51	Y
15/12:30 P	.68	86	58	13	7.8	51	Y
16/10 A	.70	119	84	12	7.8	51	Y
17/9 A	.66	117	77	12	7.8	51	Y
18/10 A	.64	117	75	12	7.8	51	Y
19/8 A	.62	117	73	12	7.8	51	Y
20/9 A	.67	110	74	12	7.8	51	Y
21/8 A	.69	110	76	12	7.8	51	Y
22/9 A	.68	110	75	12	7.8	51	Y
23/10 A	.71	110	78	13	7.8	51	Y
24/7:30 A	.70	109	76	13	7.8	51	Y
25/7:30 P	.97	96	93	13	7.8	53	Y
26/7 P	1.20	97	117	13	7.7	55	Y
27/5 P	1.14	130	150	13	7.8	55	Y
28/4:30 P	1.02	130	133	13	7.8	55	Y
29/6 P	1.09	101	110	13	7.7	55	Y
30/8 P	1.08	105	113	13	7.7	55	Y
31/7 P	1.10	103	113	13	7.7	55	Y