

Oregon DHS - Drinking Water Program – Turbidity Monitoring Report Form

System Name: Midland Water ID #: 41 01139 Month/Year: March 2021

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading (NTU)	Peak Hourly Flow (GPM)
1	.03	.03	.04	.04	.03	.03	.04	69
2	.03	.03	.03	.03	.03	.03	.03	113
3	.03	.03	.04	.03	.03	.03	.04	88
4	.03	.04	.03	.04	.03	.03	.04	87
5	.03	.04	.03	.03	.03	.03	.04	87
6	.02	.03	.03	.03	.03	.03	.04	92
7	.03	.03	.03	.03	.03	.03	.03	83
8	.03	.03	.03	.03	.03	.03	.03	81
9	.03	.03	.04	.04	.04	.03	.04	89
10	.03	.04	.03	.04	.03	.04	.05	84
11	.04	.06	.07	.04	.03	.03	.07	84
12	.03	.03	.03	.04	.04	.03	.05	74
13	.03	.03	.03	.04	.04	.03	.04	74
14	.03	.03	.03	.04	.04	.03	.04	74
15	.03	.03	.03	.03	.03	.03	.04	75
16	.03	.03	.04	.04	.04	.04	.04	74
17	.03	.03	.03	.03	.04	.03	.04	76
18	.03	.04	.04	.04	.03	.03	.04	75
19	.03	.03	.03	.04	.04	.03	.04	74
20	.03	.03	.03	.04	.03	.03	.04	75
21	.03	.03	.03	.03	.04	.04	.04	72
22	.03	.03	.04	.04	.04	.03	.04	75
23	.03	.03	.04	.04	.04	.03	.04	73
24	.03	.03	.03	.04	.04	.03	.04	75
25	.04	.03	.04	.04	.04	.04	.06	75
26	.04	.06	.06	.06	.08	.08	.08	77
27	.06	.06	.08	.06	.06	.06	.08	75
28	.06	.06	.08	.06	.06	.06	.08	75
29	.06	.06	.04	.04	.04	.04	.06	75
30	.03	.03	.04	.04	.04	.04	.04	75
31	.03	.04	.04	.04	.03	.03	.04	75

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)		
95% of turbidity readings ≤ 0.3 NTU? <u>Yes</u> / No	CT's met everyday? (see back) <u>Yes</u> / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	Cl ₂ residual measured in 95% of distribution samples? <u>Yes</u> / No
All turbidity readings < 1 NTU? <u>Yes</u> / No			
All turbidity readings < IFE triggers? <u>Yes</u> / No ¹			
- OR -	PRINTED NAME: <u>David Burch</u>		
Slow Sand/Cartridge/Membrane/DE Filtration	SIGNATURE: 	DATE: <u>4-2-2021</u>	
95% of turbidity readings ≤ 1 NTU? Yes / No	PHONE #: <u>(503) 858-0259</u>	CERT #:	
All turbidity readings < 5 NTU? Yes / No			

¹ IFE = Individual Filter Effluent

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

System Name: Midland Water ID #: 41 0139 Month/Year: MARCH 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 / 9:30A	1.33	78	104	11	7.7	55	Y
2 / 5:30P	1.29	48	61	11	7.7	55	Y
3 / 7 P	1.73	61	105	11	7.7	58	Y
4 / 7 P	1.74	62	108	11	7.7	58	Y
5 / 7 P	1.72	61	106	11	7.7	58	Y
6 / 7A	1.75	58	102	11	7.7	58	Y
7 / 7P	1.68	65	109	11	7.7	58	Y
8 / 12P	1.70	66	113	11	7.7	58	Y
9 / 11A	1.73	64	111	11	7.7	58	Y
10 / 11A	1.70	64	109	11	7.7	58	Y
11 / 10A	1.72	64	110	11	7.7	58	Y
12 / 2P	1.52	73	111	11	7.7	57	Y
13 / 2P	1.48	73	108	11	7.7	57	Y
14 / 1P	1.46	73	106	12	7.7	57	Y
15 / 1P	1.77	72	127	11	7.7	58	Y
16 / 1P	2.05	72	148	10	7.7	61	Y
17 / 10:30A	1.97	70	139	10	7.7	60	Y
18 / 10:30A	2.09	71	149	11	7.7	61	Y
19 / 1P	1.89	73	138	11	7.7	60	Y
20 / 6P	1.91	72	137	10	7.8	60	Y
21 / 7P	1.95	74	144	10	7.8	60	Y
22 / 1P	1.99	72	143	10	7.8	60	Y
23 / 11A	2.03	73	149	10	7.8	61	Y
24 / 1P	1.96	72	141	10	7.8	60	Y
25 / 8P	1.88	72	135	11	7.8	60	Y
26 / 9P	1.82	70	128	12	7.8	60	Y
27 / 8P	1.87	72	134	11	7.8	60	Y
28 / 7P	1.82	72	131	11	7.8	60	Y
29 / 7P	1.84	72	132	11	7.8	60	Y
30 / 8P	1.86	72	133	11	7.8	60	Y
31 / 8P	1.84	72	133	11	7.8	60	Y