

OHA - Drinking Water Services -Turbidity Monitoring Report Form


County: Benton

Conventional or Direct Filtration

Month/Year: Jun-21

System Name:	Adair Village		1-00003				WTP : TP -
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			0.08	0.07	0.07		0.08
2			0.09	0.08	0.07	0.08	0.09
3			0.08	0.07	0.07	0.07	0.08
4			0.08	0.07	0.07		0.08
5							
6							
7			0.09	0.08	0.08	0.07	0.09
8			0.08	0.70	0.07	0.07	0.08
9			0.07	0.07	0.07		0.07
10			0.09	0.07	0.07	0.07	0.09
11			0.08	0.07	0.06	0.06	0.08
12							
13							
14			0.08	0.07	0.08		0.08
15			0.08	0.07	0.07	0.07	0.08
16			0.07	0.07	0.06		0.07
17			0.07	0.07	0.07	0.07	0.07
18			0.08	0.07	0.07		0.08
19							
20							
21			0.09	0.08	0.08	0.08	0.09
22			0.07	0.07	0.07	0.07	0.07
23			0.07	0.07	0.07	0.07	0.07
24			0.08	0.07	0.06	0.06	0.08
25			0.07	0.06	0.06	0.06	0.07
26							
27							
28			0.08	0.08	0.07		0.08
29			0.08	0.07	0.08	0.07	0.08
30			0.07	0.07	0.07		0.07
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: 	8-Jul-21
	503-302-4317	CERT #:8763

¹ Including continuous NTU 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. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name: Adair Village	ID#: 41 00003	Month/Year:	Disinfection <i>Giardia</i> Log Inactive: 1
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Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	0.98	47	46.1	19.9	7.22	21.2	YES	654
2	0.9	47	42.3	19.8	7.34	22.1	YES	645
3	0.96	47	45.1	19.7	7.37	22.7	YES	648
4	0.98	47	46.1	20.5	7.34	21.3	YES	663
5								
6								
7	1.07	47	50.3	20.1	7.33	22.0	YES	657
8	1	47	47.0	20.2	7.27	21.2	YES	662
9	1.1	47	51.7	19.4	7.25	22.5	YES	648
10	0.97	47	45.6	19.7	7.30	22.1	YES	652
11	0.96	47	45.1	9.4	7.27	43.9	YES	666
12								
13								
14	0.98	47	46.1	19.4	7.37	23.2	YES	654
15	0.96	47	45.1	19.4	7.48	24.1	YES	644
16	0.95	47	44.7	19.3	7.20	21.9	YES	647
17	0.9	47	42.3	19.4	7.40	23.3	YES	650
18	0.97	47	45.6	20.2	7.34	21.7	YES	638
19								
20								
21	0.99	47	46.5	19.1	7.24	22.6	YES	667
22	0.94	47	44.2	20.9	7.22	19.7	YES	657
23	0.96	47	45.1	21.2	7.27	19.8	YES	659
24	0.96	47	45.1	21.4	7.34	20.0	YES	660
25	0.95	47	44.7	21.4	7.20	19.0	YES	648
26								
27								
28	1.01	47	47.5	21.3	7.22	19.4	YES	652
29	1.07	47	50.3	21.4	7.27	19.7	YES	663
30	1.03	47	48.4	22.3	7.24	18.3	YES	644
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

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