

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**  
 Month/Year: **Jul-21**

Conventional or Direct Filtration

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 <sup>1</sup> [NTU]
1			0.09	0.08	0.08		0.09
2			0.08	0.07	0.07		0.08
3							
4							
5			0.08	0.07	0.07		0.08
6			0.08	0.08	0.08		0.08
7			0.07	0.07	0.07		0.07
8			0.08	0.07	0.07	0.07	0.08
9			0.07	0.06	0.06		0.07
10							
11							
12			0.09	0.08	0.08	0.08	0.09
13			0.07	0.06	0.05		0.07
14			0.06	0.06	0.05	0.05	0.06
15			0.06	0.07	0.06	0.06	0.07
16			0.07	0.06	0.06		0.07
17							
18							
19			0.08	0.08	0.07	0.07	0.08
20			0.08	0.08	0.07	0.06	0.08
21			0.07	0.07	0.07		0.07
22			0.08	0.07	0.07		0.08
23			0.07	0.07	0.07		0.07
24							
25							
26			0.08	0.08	0.07	0.07	0.08
27			0.07	0.06	0.07	0.06	0.07
28			0.07	0.08	0.07		0.08
29			0.07	0.07	0.07	0.07	0.07
30			0.07	0.06	0.06		0.06
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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: <b>Matt Lydon</b>
	SIGNATURE:  DATE: <b>July 2021</b>
	503-302-4317 CERT #: <b>8763</b>

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Eff. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name: <b>Adair Village</b>	ID#: <b>41 00003</b>	Month/Year:	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.09	47	51.2	23.5	7.30	17.4	YES	667
2	0.9	47	42.3	23.2	7.45	18.3	YES	656
3								
4								
5	0.99	47	46.5	23.7	7.36	17.3	YES	670
6	1.14	47	53.6	23.3	7.27	17.5	YES	663
7	1.11	47	52.2	23.4	7.21	16.9	YES	660
8	1.07	47	50.3	23.2	7.33	17.9	YES	654
9	1.06	47	49.8	23.7	7.21	16.5	YES	648
10								
11								
12	0.98	47	46.1	22.5	7.22	17.8	YES	657
13	0.96	47	45.1	22.4	7.22	17.9	YES	653
14	1.04	47	48.9	22.8	7.25	17.8	YES	645
15	1.04	47	48.9	22.7	7.20	17.5	YES	633
16	1.12	47	52.6	23.2	7.37	18.3	YES	627
17								
18								
19	0.97	47	45.6	23.1	7.24	17.2	YES	661
20	0.99	47	46.5	23.0	7.23	17.3	YES	655
21	0.93	47	43.7	22.7	7.27	17.8	YES	660
22	0.95	47	44.7	22.3	7.21	17.9	YES	640
23	0.99	47	46.5	22.2	7.23	18.3	YES	628
24								
25								
26	0.97	47	45.6	22.2	7.23	18.2	YES	661
27	1.04	47	48.9	22.6	7.22	17.8	YES	650
28	1.14	47	53.6	23.2	7.39	18.4	YES	649
29	1.12	47	52.6	22.5	7.25	18.3	YES	638
30	1.07	47	50.3	23.5	7.27	17.1	YES	630
31								

<sup>3</sup> If Cl<sub>2</sub> 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](mailto:dwp_dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350