

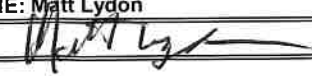
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**  
 Month/Year: **Aug-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							
2			0.07	0.07	0.08		0.08
3			0.07	0.08	0.07		0.08
4			0.08	0.08	0.07		0.08
5			0.07	0.07	0.07		0.07
6			0.07	0.07	0.07		0.07
7							
8							
9			0.09	0.09	0.08		.09
10			0.09	0.08	0.07		0.09
11			0.08	0.08	0.08		0.08
12			0.07	0.08	0.07		0.08
13							
14							
15							
16			0.09	0.08	0.08		0.09
17			0.10	0.07	0.07		0.10
18			0.08	0.07	0.07		0.08
19			0.07	0.07	0.07		0.07
20			0.08	0.08	0.08		0.08
21							
22							
23			0.09	0.09	0.08		0.09
24			0.09	0.08	0.08		0.09
25			0.08	0.07	0.07		0.08
26			0.07	0.06	0.06		0.07
27			0.07	0.07	0.07		0.07
28							
29							
30			0.08	0.08	0.08		0.07
31			0.07	0.08	0.07		0.08

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)
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes:	PRINTED NAME: <b>Matt Lydon</b>	
	SIGNATURE: 	8/10/2021
	503-302-4317	CERT #:8763

<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 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 *Giardia*  
Log Inactive:

1

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								
2	1.07	47	50.3	23.5	7.34	17.6	YES	668
3	1.07	47	50.3	23.0	7.45	19.0	YES	663
4	1.12	47	52.6	23.0	7.33	18.2	YES	652
5	1.07	47	50.3	22.9	7.27	17.8	YES	639
6	1.11	47	52.2	23.2	7.22	17.2	YES	649
7								
8								
9	0.97	47	45.6	23.7	7.45	17.9	YES	663
10	0.96	47	45.1	23.4	7.31	17.3	YES	639
11	1.05	47	49.4	23.4	7.30	17.4	YES	648
12	1.06	47	49.8	23.0	7.47	19.1	YES	657
13								
14								
15								
16	0.93	47	43.7	22.9	7.39	18.4	YES	678
17	0.99	47	46.5	22.7	7.33	18.3	YES	660
18	0.95	47	44.7	22.7	7.37	18.5	YES	663
19	1	47	47.0	22.4	7.27	18.3	YES	654
20	1.12	47	52.6	22.9	7.25	17.8	YES	638
21								
22								
23	1.14	47	53.6	21.4	7.20	19.4	YES	664
24	1.07	47	50.3	22.0	7.47	20.4	YES	651
25	1.09	47	51.2	21.7	7.41	20.4	YES	655
26	0.96	47	45.1	21.7	7.34	19.6	YES	637
27	0.93	47	43.7	21.4	7.38	20.2	YES	628
28								
29								
30	0.94	47	44.2	21.0	7.30	20.2	YES	645
31	1.04	47	48.9	21.2	7.27	19.9	YES	652

<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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350