

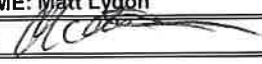
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Oct-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 ¹ [NTU]
1							
2							
3							
4			0.08	0.08	0.08		0.08
5			0.09	0.08	0.08		0.09
6							
7							
8			0.09	0.08	0.07		0.09
9							
10							
11			0.09	0.08	0.07		0.09
12							
13			0.07	0.07	0.07		0.08
14							
15			0.08	0.08	0.07		0.08
16							
17							
18			0.09	0.09	0.08		0.09
19			0.08	0.09	0.08		0.09
20							
21			0.08	0.08	0.07		0.08
22			0.07	0.07	0.06		0.07
23							
24							
25			0.09	0.09	0.08		0.09
26							
27			0.08	0.08	0.09		0.09
28							
29			0.09	0.07	0.06		0.09
30							
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: 	DATE: 11/24/21
	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 Giardia 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								
2								
3								
4	1.09	47	51.2	18.3	7.24	24.1	YES	663
5	1.01	47	47.5	18.6	7.33	24.2	YES	653
6								
7								
8	1.03	47	48.4	18.0	7.43	26.2	YES	664
9								
10								
11	0.95	47	44.7	18.3	7.47	25.9	YES	657
12								
13	1.07	47	50.3	18.0	7.32	25.3	YES	652
14								
15	1.03	47	48.4	17.8	7.27	25.0	YES	649
16								
17								
18	0.95	47	44.7	17.8	7.34	25.5	YES	651
19	0.9	47	42.3	17.6	7.39	26.2	YES	652
20								
21	1.04	47	48.9	18.0	7.29	24.9	YES	644
22	1.09	47	51.2	18.0	7.34	25.5	YES	638
23								
24								
25	0.93	47	43.7	17.7	7.39	26.1	YES	663
26								
27	1.04	47	48.9	17.9	7.22	24.5	YES	654
28								
29	1.11	47	52.2	17.4	7.33	26.6	YES	647
30								
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