


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Dec-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			0.08	0.08	0.07		0.08
2							
3			0.08	0.07	0.07		0.08
4							
5							
6			0.07	0.07	0.07		0.07
7							
8			0.07	0.08	0.07		0.08
9							
10			0.08	0.09	0.07		0.09
11							
12							
13			0.09	0.10	0.09		0.10
14			0.09	0.08	0.08		0.09
15							
16							
17			0.09	0.08	0.07		0.09
18							
19							
20			0.09	0.07	0.07		0.09
21							
22			0.09	0.07	0.07		0.09
23			0.07	0.07	0.07		0.07
24							
25							
26							
27			0.08	0.08	0.08		0.08
28			0.08	0.07	0.07		0.08
29			0.09	0.07	0.07		0.07
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)
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 ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes:	PRINTED NAME: Matt Lydon
	SIGNATURE: 
	DATE: JAN 10 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	0.99	47	46.5	11.1	7.33	40.2	YES	661
2								
3	0.98	47	46.1	10.9	7.38	41.4	YES	663
4								
5								
6	1.07	47	50.3	10.9	7.45	42.9	YES	652
7								
8	1.14	47	53.6	10.4	7.46	44.8	YES	655
9								
10	1.1	47	51.7	10.5	7.37	6.4	YES	662
11								
12								
13	0.97	47	45.6	10.7	7.27	40.4	YES	663
14	1.03	47	48.4	10.0	7.33	43.4	YES	649
15								
16								
17	1.11	47	52.2	9.8	7.27	43.5	YES	650
18								
19								
20	0.96	47	45.1	10.0	7.37	43.7	YES	662
21								
22	0.98	47	46.1	9.9	7.29	42.9	YES	664
23	1.05	47	49.4	9.7	7.30	43.9	YES	648
24								
25								
26								
27	0.95	47	44.7	9.6	7.34	44.4	YES	667
28	1	47	47.0	9.4	7.40	46.2	YES	652
29	1.03	47	48.4	9.7	7.33	44.3	YES	648
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