

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**  
 Month/Year: **Jan-22**

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								
3			0.08	0.08	0.07		0.08	
4								
5								
6			0.08	0.07	0.07		0.08	
7			0.07	0.07	0.07			
8								
9								
10			0.08	0.08	0.08		0.08	
11								
12			0.07	0.07	0.08		0.08	
13								
14			0.08	0.08	0.07		0.08	
15								
16								
17			0.08	0.07	0.06		0.08	
18								
19								
20			0.08	0.07	0.07		0.08	
21								
22								
23								
24			0.08	0.09	0.08		0.09	
25								
26			0.08	0.07	0.07		0.08	
27								
28			0.07	0.07	0.07		0.07	
29								
30								
31			0.08	0.07	0.07		0.08	

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

Notes:	PRINTED NAME: <b>Matt Lydon</b>	
	SIGNATURE: 	2/10/2022
	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 Eff. (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: **Jan-22** Disinfection *Giardia* Log Inactive: **1**

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1								
2								
3	1.12	47	52.6	8.9	7.37	47.9	YES	655
4								
5								
6	1.1	47	51.7	9.2	7.44	48.0	YES	648
7	1.04	47	48.9	9.1	7.39	47.1	YES	644
8								
9								
10	1	47	47.0	9.4	7.30	44.6	YES	656
11								
12	1.07	47	50.3	8.9	7.34	47.1	YES	650
13								
14	1.14	47	53.6	8.2	7.35	49.9	YES	648
15								
16								
17	0.97	47	45.6	8.9	7.37	47.1	NO	663
18								
19								
20	1.12	47	52.6	8.8	7.37	48.2	YES	645
21								
22								
23								
24	1.09	47	51.2	8.2	7.39	50.4	YES	652
25								
26	1.11	47	52.2	8.0	7.40	51.3	YES	643
27								
28	1.2	47	56.4	7.9	7.27	49.8	YES	638
29								
30								
31	1.11	47	52.2	8.2	7.29	48.7	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