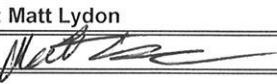


OHA - Drinking Water Services -Turbidity Monitoring Report Form  
 Conventional or Direct Filtration

County:	Benton
Month/Year:	Apr-22

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								
4			0.09	0.08	0.08		0.08	
5								
6			0.08	0.08	0.07		0.08	
7								
8			0.07	0.07	0.07		0.07	
9								
10								
11			0.10	0.08	0.07		0.10	
12								
13			0.08	0.07	0.07		0.08	
14								
15			0.07	0.07	0.07		0.07	
16								
17								
18			0.09	0.09	0.07		0.09	
19								
20			0.08	0.07	0.07		0.08	
21								
22			0.07	0.08	0.07		0.08	
23								
24								
25								
26								
27			0.08	0.08	0.08		0.08	
28								
29			0.08	0.08	0.07		0.08	
30								
31								
<b>Conventional or Direct Filtration</b>						<b>Monthly Summary (Answer Yes or No)</b>		
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?			Yes / No		CT's met everyday? (see back)		All CI2 residual at entry point $\geq$ 0.2 mg/l?	
All 4-hour turbidity readings $\leq$ 1 NTU?			Yes / No				Yes / No	
All turbidity readings < IFE <sup>2</sup> triggers			Yes / No				Yes / No	
Notes:						PRINTED NAME: Matt Lydon		
						SIGNATURE: 	5/10/2022	
						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 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:	22-Apr	Disinfection Giardia 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								
2								
3								
4	1.07	47	50.3	10.4	7.44	44.2	YES	662
5								
6	1.08	47	50.8	10.7	7.37	42.3	YES	657
7								
8	1.11	47	52.2	10.4	7.27	41.8	YES	648
9								
10								
11	0.97	47	45.6	10.2	7.39	43.5	YES	663
12								
13	1.14	47	53.6	10.9	7.40	42.5	YES	654
14								
15	1.09	47	51.2	11.0	7.38	41.7	YES	644
16								
17								
18	0.98	47	46.1	10.7	7.54	44.4	YES	660
19								
20	1.14	47	53.6	10.9	7.43	42.9	YES	652
21								
22	1.06	47	49.8	11.2	7.35	40.6	YES	655
23								
24								
25								
26								
27	1.03	47	48.4	11.4	7.38	40.3	YES	668
28								
29	1.05	47	49.4	10.9	7.25	39.9	YES	657
30								
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.dmc@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350