

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **May-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 ¹ [NTU]
1							
2			0.08	0.08	0.08		0.08
3							
4			0.09	0.08	0.08		0.09
5							
6			0.08	0.08	0.07		0.08
7							
8							
9			0.09	0.09	0.08		0.09
10							
11			0.08	0.07	0.07		0.08
12							
13			0.08	0.07	0.07		0.08
14							
15							
16			0.09	0.09	0.09		0.09
17							
18			0.08	0.07	0.08		0.08
19			0.08	0.08	0.07		0.08
20			0.08	0.07	0.07		0.08
21							
22							
23			0.10	0.09	0.09		0.10
24							
25			0.08	0.07	0.07		0.08
26			0.09	0.08	0.07		0.09
27			0.09	0.07	0.07		0.09
28							
29							
30			0.08	0.07	0.07		0.08
31							

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

Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: <i>Matt Lydon</i>	6/10/2022
	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:

22-May

Disinfection *Giardia*
Log Inactive:

1

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	1.14	47	53.6	10.9	7.33	41.5	YES	668
3								
4	1.07	47	50.3	10.7	7.35	42.0	YES	663
5								
6	1.04	47	48.9	11.1	7.47	42.5	YES	662
7								
8								
9	1.12	47	52.6	11.3	7.27	39.5	YES	657
10								
11	1.17	47	55.0	11.0	7.43	42.8	YES	653
12								
13	1.23	47	57.8	11.2	7.35	41.4	YES	660
14								
15								
16	1.07	47	50.3	10.9	7.33	41.1	YES	655
17								
18	1.11	47	52.2	11.3	7.44	41.8	YES	653
19	1.15	47	54.1	11.5	7.35	40.2	YES	648
20	1.07	47	50.3	11.2	7.36	40.8	YES	655
21								
22								
23	1.03	47	48.4	11.0	7.42	42.0	YES	657
24								
25	1.17	47	55.0	10.9	7.45	43.4	YES	650
26	1.09	47	51.2	11.4	7.33	39.9	YES	648
27	1.11	47	52.2	11.2	7.38	41.2	YES	645
28								
29								
30	1.04	47	48.9	11.9	7.43	39.8	YES	665
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