


OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Jul-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			0.08	0.08	0.08		0.08
2							
3							
4			0.09	0.08	0.07		0.09
5			0.09	0.09	0.08		0.09
6			0.08	0.07	0.07		0.08
7			0.07	0.07	0.07		0.07
8			0.08	0.07	0.08		0.08
9							
10							
11			0.08	0.09	0.09		0.09
12			0.09	0.09	0.07		0.09
13			0.07	0.08	0.07		0.08
14			0.08	0.07	0.07		0.08
15			0.09	0.08	0.09		0.09
16							
17							
18			0.08	0.08	0.08		0.08
19			0.07	0.07	0.07		0.07
20			0.08	0.07	0.07		0.08
21			0.08	0.09	0.08		0.09
22			0.08	0.08	0.08		0.08
23							
24							
25			0.09	0.09	0.09		0.09
26			0.09	0.09	0.08		0.09
27			0.08	0.07	0.07		0.08
28			0.08	0.07	0.07		0.08
29			0.07	0.08	0.07		0.08
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 Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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: 		AUG 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:

Disinfection *Giardia*
Log Inactive:

1

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1.07	47	50.3	22.0	7.43	20.1	YES	647
2								
3								
4	1.12	47	52.6	22.3	7.27	18.7	YES	652
5	1.23	47	57.8	22.5	7.33	19.1	YES	662
6	1.11	47	52.2	22.3	7.35	19.2	YES	657
7	1.09	47	51.2	22.8	7.40	18.9	YES	663
8	1.14	47	53.6	23.2	7.37	18.3	YES	648
9								
10								
11	1.03	47	48.4	23.5	7.33	17.4	YES	661
12	1.05	47	49.4	22.8	7.29	18.0	YES	657
13	1.1	47	51.7	22.3	7.31	18.9	YES	655
14	1.17	47	55.0	22.7	7.33	18.7	YES	657
15	1.13	47	53.1	22.5	7.43	19.6	YES	668
16								
17								
18	1.07	47	50.3	22.8	7.44	19.1	YES	657
19	1.16	47	54.5	23.2	7.28	17.7	YES	663
20	1.09	47	51.2	23.7	7.25	16.8	YES	660
21	1.07	47	50.3	23.2	7.36	18.1	YES	648
22	1.02	47	47.9	23.5	7.42	18.0	YES	650
23								
24								
25	1.09	47	51.2	23.2	7.29	17.6	YES	668
26	1.12	47	52.6	22.8	7.33	18.5	YES	662
27	1.18	47	55.5	22.7	7.37	19.0	YES	653
28	1.15	47	54.1	22.8	7.38	18.9	YES	644
29	1.05	47	49.4	23.0	7.27	17.7	YES	658
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