

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Benton
 Month/Year: May-23

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			0.08	0.09	0.08		0.09
4			0.08	0.07	0.07		0.08
5			0.08	0.06	0.06		0.08
6							
7							
8			0.09	0.07	0.07		0.09
9			0.07	0.07	0.07		0.07
10			0.07	0.06	0.06		0.07
11			0.08	0.07	0.08		0.08
12			0.07	0.07	0.07		0.07
13							
14							
15			0.10	0.08	0.07		0.10
16			0.09	0.07	0.07		0.09
17			0.08	0.06	0.06		0.08
18			0.08	0.07	0.07		0.08
19			0.08	0.07	0.07		0.08
20							
21							
22			0.08	0.08	0.08		0.08
23			0.09	0.08	0.08		0.09
24			0.07	0.07	0.06		0.07
25			0.08	0.07	0.07		0.08
26			0.07	0.08	0.07		0.08
27							
28							
29			0.07	0.06	0.07		0.07
30			0.08	0.07	0.07		0.08
31			0.08	0.07	0.07		0.08

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: <i>Matt Lydon</i>	6/1/2023
		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: 23-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	1.07	47	50.3	10.8	7.33	41.4	YES	668
2								
3	1.04	47	48.9	11.4	7.43	41.1	YES	663
4	1.02	47	47.9	11.3	7.35	40.1	YES	657
5	1.05	47	49.4	11.2	7.27	39.4	YES	662
6								
7								
8	0.96	47	45.1	11.1	7.33	40.1	YES	657
9	1.04	47	48.9	11.4	7.38	40.4	YES	663
10	0.98	47	46.1	11.3	7.42	40.9	YES	668
11	1.09	47	51.2	11.4	7.45	41.6	YES	647
12	1.14	47	53.6	11.7	7.32	39.2	YES	652
13								
14								
15	1.02	47	47.9	11.2	7.26	39.1	YES	674
16	0.98	47	46.1	11.4	7.30	39.0	YES	661
17	1.08	47	50.8	11.2	7.32	40.2	YES	658
18	1.12	47	52.6	11.7	7.25	38.2	YES	648
19	1.17	47	55.0	11.8	7.36	39.6	YES	652
20								
21								
22	1.08	47	50.8	11.4	7.43	41.3	YES	677
23	1.1	47	51.7	11.8	7.29	38.4	YES	668
24	1.03	47	48.4	11.6	7.36	39.5	YES	665
25	1.13	47	53.1	11.4	7.30	39.7	YES	652
26	1.06	47	49.8	11.8	7.34	38.9	YES	657
27								
28								
29	0.97	47	45.6	12.2	7.27	36.6	YES	677
30	1.12	47	52.6	11.8	7.35	39.3	YES	664
31	1.06	47	49.8	12.4	7.37	37.8	YES	656

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