

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Sep-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			0.07	0.06	0.07		0.07
2							
3							
4			0.08	0.07	0.07		0.08
5			0.08	0.08	0.08		0.08
6			0.08	0.07	0.07		0.08
7			0.07	0.07	0.07		0.07
8			0.08	0.08	0.07		0.08
9							
10							
11			0.09	0.09	0.08		0.09
12			0.08	0.09	0.08		0.09
13			0.08	0.07	0.07		0.08
14			0.07	0.07	0.06		0.07
15			0.08	0.08	0.07		0.08
16							
17							
18			0.09	0.07	0.07		0.09
19			0.08	0.07	0.07		0.08
20			0.08	0.07	0.07		0.08
21			0.08	0.08	0.07		0.08
22			0.08	0.07	0.07		0.08
23							
24							
25			0.08	0.08	0.08		0.08
26			0.08	0.07	0.07		0.08
27							
28			0.09	0.09	0.08		0.09
29							
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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <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: *Matt Lydon* DATE:

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-Sep	Disinfection <i>Giardia</i> Log Inactive: 1
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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	1.04	47	48.9	20.4	7.47	22.7	YES	644
2								
3								
4	1.07	47	50.3	20.7	7.45	22.1	YES	668
5	1.08	47	50.8	20.4	7.43	22.5	YES	667
6	1.03	47	48.4	20.2	7.32	21.7	YES	663
7	1.06	47	49.8	20.6	7.38	21.7	YES	657
8	1.17	47	55.0	20.2	7.34	22.2	YES	648
9								
10								
11	0.98	47	46.1	20.4	7.39	21.9	YES	672
12	0.97	47	45.6	20.6	7.27	20.6	YES	675
13	1.05	47	49.4	20.2	7.38	22.3	YES	663
14	1.07	47	50.3	19.7	7.43	23.5	YES	657
15	1.09	47	51.2	20.2	7.41	22.6	YES	648
16								
17								
18	1.02	47	47.9	20.4	7.46	22.6	YES	673
19	0.97	47	45.6	20.7	7.33	20.9	YES	664
20	0.96	47	45.1	20.1	7.31	21.6	YES	666
21	1.08	47	50.8	20.2	7.38	22.3	YES	668
22	1.05	47	49.4	19.8	7.44	23.4	YES	652
23								
24								
25	0.97	47	45.6	19.6	7.37	22.9	YES	670
26	1.04	47	48.9	19.8	7.40	23.0	YES	664
27								
28	1.07	47	50.3	19.3	7.46	24.4	YES	674
29								
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