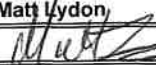


OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Benton**
 Month/Year: **NOVEMBER 23**

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							
5							
6			0.09	0.09	0.08		0.09
7							
8			0.09	0.08	0.09		0.09
9							
10			0.08	0.07	0.07		0.08
11							
12							
13			0.08	0.07	0.07		0.08
14							
15			0.07	0.07	0.06		0.07
16							
17			0.07	0.07	0.07		0.07
18							
19							
20			0.07	0.06	0.06		0.07
21							
22			0.07	0.07	0.07		0.07
23							
24							
25							
26							
27			0.08	0.08	0.07		0.08
28							
29			0.07	0.06	0.06		0.07
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: 		12/8/2023
	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-Nov	Disinfection <i>Giardia</i> Log Inactive:	1
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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	0.95	47	44.7	17.2	7.33	26.4	YES	665
3								
4								
5								
6	0.97	47	45.6	16.6	7.39	28.2	YES	663
7								
8	0.92	47	43.2	16.2	7.27	27.5	YES	655
9								
10	0.98	47	46.1	16.4	7.24	27.1	YES	647
11								
12								
13	0.95	47	44.7	15.4	7.36	30.1	YES	674
14								
15	1.03	47	48.4	15.2	7.35	30.7	YES	667
16								
17	1.05	47	49.4	15.5	7.44	31.2	YES	657
18								
19								
20	0.95	47	44.7	15.4	7.27	29.1	YES	651
21								
22	1.07	47	50.3	15.2	7.34	30.7	YES	643
23								
24								
25								
26								
27	0.96	47	45.1	14.8	7.41	32.0	YES	675
28								
29	1.07	47	50.3	14.6	7.34	32.0	YES	662
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