

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**  
 Month/Year: **Feb-24**

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 <sup>1</sup> [NTU]
1							
2			0.06	0.05	0.05		0.06
3							
4							
5			0.08	0.06	0.06		0.08
6							
7			0.06	0.06	0.07		0.07
8							
9			0.07	0.07	0.07		0.07
10							
11							
12			0.07	0.05	0.05		0.07
13							
14			0.06	0.07	0.06		0.07
15							
16			0.07	0.07	0.05		0.07
17							
18							
19							
20			0.08	0.07	0.07		0.08
21							
22			0.08	0.06	0.06		0.08
23			0.08	0.06	0.05		0.08
24							
25							
26			0.07	0.06	0.06		0.07
27							
28			0.06	0.06	0.06		0.06
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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: <i>Matt Lydon</i>	3/8/2024
	503-302-4317	CERT #:8763

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	
Disinfection <i>Giardia</i> Log Inactive:	1

System Name:	Adair Village	ID#: 41 00003	Month/Year:	Feb-24
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1								
2	1.14	47	53.6	10.4	7.57	46.6	YES	657
3								
4								
5	1.07	47	50.3	10.3	7.37	43.4	YES	662
6								
7	1.04	47	48.9	9.7	7.43	46.0	YES	665
8								
9	1.09	47	51.2	9.8	7.48	46.7	YES	648
10								
11								
12	1.07	47	50.3	9.4	7.45	47.4	YES	654
13								
14	1.06	47	49.8	9.8	7.38	45.0	YES	638
15								
16	1.12	47	52.6	10.2	7.27	42.4	YES	627
17								
18								
19								
20	0.98	47	46.1	9.7	7.35	44.4	YES	664
21								
22	1.13	47	53.1	9.5	7.32	45.3	YES	636
23	1.24	47	58.3	9.8	7.36	45.6	YES	632
24								
25								
26	1.07	47	50.3	10.4	7.44	44.2	YES	665
27								
28	1.15	47	54.1	9.9	7.49	46.9	YES	654
29								
30								
31								

<sup>3</sup> If Cl<sub>2</sub> 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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350