

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Mar-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 ¹ [NTU]
1			0.07	0.07	0.06		0.07
2							
3							
4			0.08	0.09	0.08		0.09
5							
6			0.08	0.07	0.06		0.80
7							
8			0.07	0.06	0.06		0.07
9							
10							
11			0.07	0.06	0.06		0.07
12							
13			0.08	0.08	0.07		0.08
14							
15			0.07	0.07	0.06		0.07
16							
17							
18			0.09	0.09	0.08		0.09
19			0.08	0.08	0.08		0.08
20							
21							
22			0.08	0.07	0.07		0.08
23							
24							
25			0.08	0.06	0.06		0.08
26							
27			0.08	0.06	0.06		0.08
28							
29			0.07	0.07	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) <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: <i>Matt Lydon</i>	4/9/2024
	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:

Mar-24

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	10.2	7.35	43.4	YES	648
2								
3								
4	0.98	47	46.1	10.3	7.37	43.0	YES	660
5								
6	1.14	47	53.6	10.5	7.45	44.4	YES	654
7								
8	1.17	47	55.0	10.5	7.33	42.7	YES	645
9								
10								
11	1.04	47	48.9	10.8	7.47	43.3	YES	662
12								
13	1.23	47	57.8	10.7	7.25	41.3	YES	642
14								
15	1.28	47	60.2	10.8	7.33	42.4	YES	638
16								
17								
18	1.06	47	49.8	10.9	7.34	41.2	YES	658
19	1.32	47	62.0	11.0	7.38	42.8	YES	654
20								
21								
22	1.18	47	55.5	11.2	7.45	42.6	YES	647
23								
24								
25	1.04	47	48.9	11.4	7.44	41.2	YES	655
26								
27	1.15	47	54.1	11.3	7.46	42.3	YES	643
28								
29	1.36	47	63.9	11.4	7.37	41.7	YES	637
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