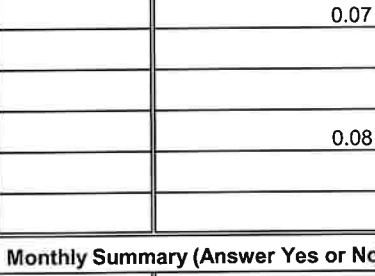


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Apr-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			0.08	0.07	0.06		0.08	
2								
3			0.06	0.06	0.06		0.06	
4								
5			0.07	0.06	0.06		0.07	
6								
7								
8			0.07	0.06	0.05		0.07	
9								
10			0.06	0.06	0.05		0.06	
11								
12			0.06	0.05	0.05		0.06	
13								
14								
15			0.08	0.08	0.07		0.08	
16								
17			0.06	0.06	0.06		0.06	
18								
19			0.07	0.06	0.06		0.07	
20								
21								
22			0.07	0.07	0.07		0.07	
23								
24			0.06	0.07	0.06		0.07	
25								
26			0.07	0.06	0.06		0.07	
27								
28								
29			0.08	0.08	0.07		0.08	
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: <u>Matt Lydon</u>	
	SIGNATURE: 	5/2/2024
	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:	Apr-24	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	1.04	47	48.9	11.3	7.47	41.9	YES	665
2								
3	1.16	47	54.5	11.6	7.54	42.7	YES	662
4								
5	1.08	47	50.8	11.4	7.53	42.7	YES	654
6								
7								
8	1.02	47	47.9	11.9	7.46	40.1	YES	668
9								
10	1.24	47	58.3	12.4	7.49	40.2	YES	664
11								
12	1.36	47	63.9	12.5	7.43	39.3	YES	648
13								
14								
15	1.07	47	50.3	12.9	7.44	37.2	YES	663
16								
17	1.19	47	55.9	13.4	7.47	36.9	YES	647
18								
19	1.27	47	59.7	13.2	7.39	36.6	YES	638
20								
21								
22	1.13	47	53.1	13.6	7.45	35.9	YES	646
23								
24	1.26	47	59.2	13.8	7.48	36.3	YES	651
25								
26	1.3	47	61.1	13.4	7.42	36.6	YES	628
27								
28								
29	1.09	47	51.2	13.7		1.6	YES	656
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