

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**

Conventional or Direct Filtration

Month/Year: **Aug-24**

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	0.08	0.07		0.08
2			0.07	0.06	0.06		0.07
3							
4							
5			0.09	0.09	0.09		0.09
6			0.09	0.07	0.07		0.09
7			0.07	0.06	0.06		0.07
8			0.08	0.07	0.08		0.08
9			0.07	0.08	0.07		0.08
10							
11							
12			0.08	0.06	0.06		0.08
13			0.06	0.06	0.06		0.06
14			0.07	0.07	0.06		0.07
15			0.07	0.07	0.07		0.07
16			0.07	0.06	0.07		0.07
17							
18							
19			0.09	0.09	0.08		0.09
20			0.08	0.08	0.08		0.08
21			0.08	0.09	0.08		0.09
22			0.08	0.08	0.07		0.08
23			0.08	0.07	0.07		0.08
24							
25							
26			0.08	0.07	0.07		0.08
27			0.07	0.06	0.07		0.07
28			0.07	0.07	0.07		0.07
29			0.08	0.07	0.07		0.08
30			0.07	0.07	0.07		0.07
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: Mat Lydon	
	SIGNATURE: 	DATE: 9/10/24
	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:	24-Aug	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	1.23	47	57.8	20.4	7.48	23.3	YES	644
2	1.19	47	55.9	21.2	7.47	21.9	YES	657
3								
4								
5	1.04	47	48.9	20.9	7.38	21.2	YES	668
6	1.07	47	50.3	20.7	7.35	21.3	YES	663
7	1.26	47	59.2	20.4	7.39	22.6	YES	657
8	1.33	47	62.5	20.7	7.34	21.9	YES	647
9	1.24	47	58.3	20.2	7.28	21.9	YES	636
10								
11								
12	1.08	47	50.8	20.4	7.44	22.5	YES	671
13	1.14	47	53.6	20.4	7.47	23.0	YES	665
14	1.17	47	55.0	20.2	7.54	24.0	YES	661
15	1.22	47	57.3	20.5	7.41	22.5	YES	644
16	1.19	47	55.9	20.2	7.37	22.5	YES	637
17								
18								
19	1.07	47	50.3	19.8	7.33	22.5	YES	675
20	1.27	47	59.7	20.1	7.29	22.2	YES	660
21	1.34	47	63.0	20.4	7.26	21.7	YES	654
22	1.27	47	59.7	20.2	7.38	22.8	YES	649
23	1.21	47	56.9	20.1	7.34	22.5	YES	638
24								
25								
26	1.14	47	53.6	19.8	7.44	23.6	YES	667
27	1.17	47	55.0	19.7	7.45	24.0	YES	662
28	1.09	47	51.2	19.9	7.48	23.7	YES	646
29	1.14	47	53.6	19.4	7.41	24.0	YES	633
30	1.17	47	55.0	19.8	7.47	24.0	YES	637
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