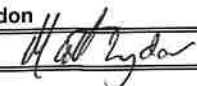


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**  
 Month/Year: **Sep-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			0.09	0.09	0.08		0.09
3			0.09	0.08	0.08		0.09
4			0.08	0.07	0.07		0.08
5			0.07	0.07	0.07		0.07
6			0.08	0.07	0.07		0.08
7							
8							
9			0.08	0.07	0.07		0.08
10			0.07	0.06	0.06		0.07
11			0.06	0.06	0.05		0.06
12			0.06	0.07	0.06		0.07
13			0.07	0.06	0.06		0.07
14							
15							
16			0.07	0.07	0.07		0.07
17			0.07	0.07	0.07		0.07
18			0.08	0.08	0.07		0.08
19							
20			0.08	0.08	0.08		0.08
21							
22							
23			0.08	0.08	0.08		0.08
24			0.08	0.07	0.07		0.08
25			0.07	0.06	0.06		0.07
26							
27			0.07	0.06	0.06		0.07
28							
29							
30			0.07	0.06	0.06		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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: 	10/2/2024
	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 - :

System Name:

Adair Village

ID#: 41 00003

Month/Year:

24-Sep

Disinfection *Giardia*  
Log Inactive:

1

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1								
2	1.01	74	74.7	19.9	7.43	23.0	YES	662
3	1.08	74	79.9	19.2	7.39	24.0	YES	664
4	1.04	74	77.0	19.9	7.33	22.3	YES	652
5	1.14	74	84.4	20.0	7.38	22.8	YES	644
6	1.19	74	88.1	20.4	7.35	22.1	YES	637
7								
8								
9	1.08	74	79.9	20.3	7.44	22.7	YES	654
10	1.06	74	78.4	20.2	7.41	22.5	YES	662
11	1.17	74	86.6	19.8	7.43	23.6	YES	658
12	1.15	74	85.1	19.6	7.48	24.3	YES	651
13	1.21	74	89.5	19.1	7.42	24.8	YES	644
14								
15								
16	1.05	74	77.7	18.7	7.35	24.4	YES	668
17	1.03	74	76.2	18.8	7.38	24.4	YES	653
18	1.11	74	82.1	18.5	7.34	24.8	YES	636
19								
20	0.97	74	71.8	17.5	7.41	26.7	YES	649
21								
22								
23	1.06	74	78.4	17.8	7.47	27.1	YES	656
24	1.22	74	90.3	18.3	7.44	26.4	YES	654
25	1.16	74	85.8	18.2	7.33	25.3	YES	641
26								
27	1.14	74	84.4	18.1	7.38	25.9	YES	649
28								
29								
30	1.05	74	77.7	17.2	7.37	27.1	YES	660
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