

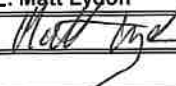
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**

Conventional or Direct Filtration

Month/Year: **Nov-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			0.07	0.07	0.06		0.07
2							
3							
4			0.09	0.08	0.07		0.09
5							
6			0.07	0.07	0.07		0.07
7							
8			0.07	0.06	0.06		0.07
9							
10							
11			0.07	0.07	0.06		0.07
12							
13			0.06	0.06	0.06		0.06
14							
15			0.07	0.07	0.07		0.07
16							
17							
18			0.08	0.08	0.08		0.08
19							
20			0.08	0.08	0.08		0.08
21							
22			0.08	0.07	0.08		0.08
23							
24							
25			0.08	0.08	0.07		0.08
26			0.08	0.07	0.07		0.08
27			0.08	0.07			0.08
28							
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 ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		
Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: 	DATE: 12/9/24
	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-Nov Disinfection *Giardia* Log Inactive: 1

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	1.14	74	84.4	15.7	7.33	29.9	YES	636
2								
3								
4	0.98	74	72.5	15.4	7.35	30.1	YES	656
5								
6	1.08	74	79.9	15.2	7.33	30.7	YES	647
7								
8	1.17	74	86.6	15.5	7.34	30.5	YES	623
9								
10								
11	1.03	74	76.2	15.3	7.44	31.5	YES	650
12								
13	1.08	74	79.9	15.7	7.57	32.4	YES	641
14								
15	1.15	74	85.1	15.2	7.63	34.5	YES	628
16								
17								
18	1.04	74	77.0	14.8	7.52	33.6	YES	668
19								
20	1.18	74	87.3	15.1	7.55	33.9	YES	632
21								
22	1.23	74	91.0	15.1	7.58	34.4	YES	626
23								
24								
25	1.14	74	84.4	14.8	7.50	33.8	YES	638
26	1.09	74	80.7	14.7	7.42	32.8	YES	629
27	1.24	74	91.8	14.9	7.47	33.5	YES	622
28								
29								
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