

OHA - Drinking Water Services -Turbidity Monitoring Report Form

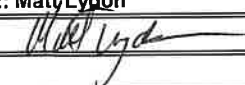
County: **Benton**
 Month/Year: **Dec-24**

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							
2			0.08	..08	0.08		0.08
3							
4			0.08	0.08	0.07		0.08
5							
6			0.07	0.07	0.06		0.07
7							
8							
9			0.08	0.07	0.07		0.08
10							
11			0.07	0.07	0.07		0.07
12							
13			0.07	0.08	0.08		0.08
14							
15							
16			0.09	0.09	0.07		0.09
17							
18			0.08	0.07	0.07		0.08
19							
20			0.07	0.07	0.07		0.07
21							
22							
23			0.07	0.06	0.06		0.07
24			0.07	0.07	0.07		0.07
25							
26							
27			0.08	0.07	0.07		0.08
28							
29							
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: Matt Lydon	
	SIGNATURE: 	DATE: 1/8/25
	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-Dec	Disinfection Giardia 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								
2	1.14	74	84.4	15.2	7.44	32.2	YES	662
3								
4	1.09	74	80.7	15.4	7.38	30.9	YES	654
5								
6	1.23	74	91.0	15.1	7.36	31.7	YES	631
7								
8								
9	1.04	74	77.0	14.7	7.33	31.6	YES	655
10								
11	1.18	74	87.3	14.4	7.33	32.7	YES	657
12								
13	1.27	74	94.0	14.8	7.35	32.4	YES	644
14								
15								
16	1.23	74	91.0	14.3	7.37	33.6	YES	675
17								
18	1.37	74	101.4	14.1	7.39	34.9	YES	651
19								
20	1.44	74	106.6	14.3	7.44	35.3	YES	647
21								
22								
23	1.18	74	87.3	13.7	7.41	35.3	YES	668
24	1.21	74	89.5	13.7	7.43	35.7	YES	662
25								
26								
27	1.13	74	83.6	13.4	7.37	35.3	YES	667
28								
29								
30	1.09	74	80.7	13.3	7.38	35.5	YES	676
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