

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Benton
 Month/Year: Jan-25

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	0.08	0.07		0.08
3			0.07	0.07	0.07		0.07
4							
5							
6							
7							
8				0.08	0.07		0.08
9			0.08	0.08	0.08		0.08
10			0.08	0.07	0.07		0.08
11							
12							
13			0.07	0.07	0.07		0.07
14							
15			0.08	0.07	0.08		0.08
16							
17			0.08	0.08	0.07		0.08
18							
19							
20							
21			0.08	0.07	0.07		0.08
22			0.07	0.06	0.06		0.07
23							
24			0.06	0.06	0.06		0.06
25							
26							
27			0.07	0.07	0.07		0.07
28							
29			0.07	0.08	0.07		0.08
30							
31			0.07	0.06	0.06		0.07

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: <i>Matt Lydon</i>	DATE: 2/10/25
	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: 25-Jan 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								
2	1.07	74	79.2	13.3	7.47	36.6	YES	653
3	1.09	74	80.7	13.3	7.43	36.1	YES	649
4								
5								
6								
7								
8	1.08	74	79.9	12.9	7.45	37.4	YES	678
9	1.13	74	83.6	12.7	7.44	37.9	YES	662
10	1.14	74	84.4	12.4	7.41	38.7	YES	657
11								
12								
13	1.01	74	74.7	12.5	7.44	37.9	YES	665
14								
15	1.17	74	86.6	12.3	7.34	38.1	YES	644
16								
17	1.19	74	88.1	12.3	7.39	38.9	YES	634
18								
19								
20								
21	1.02	74	75.5	12.1	7.33	37.8	YES	665
22	1.09	74	80.7	11.7	7.35	39.4	YES	651
23								
24	1.18	74	87.3	11.4	7.34	40.4	YES	640
25								
26								
27	1.05	74	77.7	11.8	7.31	38.4	YES	638
28								
29	1.03	74	76.2	11.4	7.44	41.2	YES	633
30								
31	1.11	74	82.1	11.5	7.42	41.0	YES	628

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