

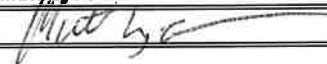
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Benton

Conventional or Direct Filtration

Month/Year: Mar-25

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							
3			0.08	0.07	0.07		0.08
4							
5			0.08	0.08	0.07		0.08
6							
7			0.07	0.06	0.06		0.07
8							
9							
10			0.07	0.07	0.07		0.07
11							
12			0.06	0.07	0.07		0.07
13							
14			0.08	0.08	0.08		0.07
15							
16							
17			0.09	0.09	0.09		0.09
18							
19			0.09	0.09	0.08		0.09
20							
21			0.08	0.09	0.08		0.09
22							
23							
24			0.10	0.09	0.09		0.10
25							
26			0.08	0.08	0.08		0.08
27							
28			0.08	0.07	0.07		0.08
29							
30							
31			0.09	0.08	0.08		0.09

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?	☒ Yes / ☐ No	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All 4-hour turbidity readings $\leq$ 1 NTU?	☒ Yes / ☐ No	☒ Yes / ☐ No	☒ Yes / ☐ No
All turbidity readings < IFE ² triggers	☒ Yes / ☐ No		
Notes:		PRINTED NAME: Matt Lydon	
		SIGNATURE: 	DATE: 4/9/25
		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-Mar

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								
3	1.14	74	84.4	11.3	7.44	42.0	YES	672
4								
5	1.17	74	86.6	11.1	7.42	42.4	YES	668
6								
7	0.123	74	9.1	11.4	7.44	37.2	NO	667
8								
9								
10	1.09	74	80.7	11.2	7.45	42.2	YES	664
11								
12	1.07	74	79.2	11.4	7.44	41.4	YES	647
13								
14	1.18	74	87.3	11.4	7.42	41.6	YES	654
15								
16								
17	1.04	74	77.0	11.7	7.33	38.9	YES	674
18								
19	1.15'	74	85.1	11.5	7.37	40.5	YES	654
20								
21	1.08	74	79.9	11.9	7.47	40.5	YES	641
22								
23								
24	1.04	74	77.0	11.8	7.42	39.9	YES	657
25								
26	1.19	74	88.1	12.1	7.48	40.6	YES	655
27								
28	1.25	74	92.5	12.3	7.42	39.5	YES	638
29								
30								
31	1.07	74	79.2	12.4	7.44	38.8	YES	655

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