

OHA - Drinking Water Services -Turbidity Monitoring Report Form

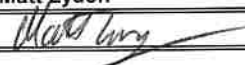
County: Benton

Conventional or Direct Filtration

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

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:
	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:
Apr-25
**Disinfection *Giardia*
Log Inactive:**
1

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1								
2	1.17	74	86.6	12.4	7.43	39.1	YES	638
3								
4	1.14	74	84.4	12.6	7.44	38.2	YES	629
5								
6								
7	1.04	74	77.0	12.7	7.36	36.4	YES	665
8								
9	1.19	74	88.1	12.5	7.30	36.7	YES	652
10								
11	1.21	74	89.5	12.7	7.33	36.7	YES	644
12								
13								
14	1.11	74	82.1	12.9	7.37	36.4	YES	668
15								
16	1.14	74	84.4	12.8	7.30	35.8	YES	663
17								
18	1.18	74	87.3	12.9	7.34	36.3	YES	651
19								
20								
21	1.08	74	79.9	13.2	7.37	35.5	YES	657
22								
23	1.12	74	82.9	13.2	7.44	36.6	YES	644
24								
25	1.17	74	86.6	13.3	7.35	35.4	YES	636
26								
27								
28	1.02	74	75.5	13.4	7.40	35.2	YES	661
29	1.17	74	86.6	13.5	7.43	36.0	YES	632
30	1.22	74	90.3	13.2	7.45	37.2	YES	627
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