OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Benton

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

95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No

All 4-hour turbidity readings ≤ 1 NTU? Yes / No

All turbidity readings < IFE[2] triggers Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) Yes / No

All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:

PRINTED NAME: Matt Lydon

SIGNATURE: Matt Lydon **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 - :	
Disinfection *Giardia* Log Inactive:	1

System Name: Adair Village **ID#:** 41 00003 **Month/Year:** Apr-25

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 Cl_2 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