OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Benton

Month/Year: May-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			0.07	0.07	0.07		0.07
3							
4							
5			0.08	0.06	0.06		0.08
6			0.08	0.06	0.07		0.08
7							
8			0.07	0.06	0.06		0.07
9			0.07	0.07	0.06		0.07
10							
11							
12			0.07	0.06	0.06		0.07
13			0.08	0.07	0.07		0.08
14							
15			0.08	0.08	0.08		0.08
16			0.08	0.08	0.07		0.08
17							
18							
19			0.08	0.08	0.08		0.08
20			0.07	0.07	0.07		0.07
21			0.07	0.06	0.06		0.06
22			0.06	0.06	0.06		0.06
23			0.07	0.05	0.05		0.07
24							
25							
26			0.07	0.05	0.06		0.07
27			0.07	0.07	0.06		0.07
28							
29			0.07	0.07	0.06		0.07
30			0.07	0.06	0.06		0.07
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:

DATE: 6/9/25

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 - :	
Disinfection *Giardia* Log Inactive:	1

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

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	1.11	74	82.1	13.4	7.42	35.9	YES	633
3								
4								
5	1.07	74	79.2	13.3	7.44	36.2	YES	664
6	1.13	74	83.6	13.5	7.47	36.4	YES	663
7								
8	1.04	74	77.0	13.7	7.45	35.3	YES	658
9	1.15	74	85.1	13.5	7.41	35.6	YES	644
10								
11								
12	1.04	74	77.0	13.7	7.43	35.0	YES	668
13	1.17	74	86.6	13.8	7.39	34.8	YES	641
14								
15	1.16	74	85.8	13.9	7.47	35.5	YES	637
16	1.21	74	89.5	13.7	7.33	34.4	YES	639
17								
18								
19	1.05	74	77.7	14.2	7.37	33.1	YES	667
20	1.09	74	80.7	14.2	7.39	33.5	YES	654
21	1.19	74	88.1	14.4	7.38	33.4	YES	652
22	1.25	74	92.5	14.2	7.35	33.7	YES	647
23	1.28	74	94.7	14.3	7.45	34.8	YES	636
24								
25								
26	1.08	74	79.9	14.4	7.43	33.6	YES	661
27	1.17	74	86.6	14.6	7.39	33.0	YES	645
28								
29	1.14	74	84.4	14.5	7.41	33.3	YES	658
30	1.19	74	88.1	14.4	7.43	34.0	YES	643
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