OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Benton

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

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE[2] triggers	Yes / No		

Notes:

PRINTED NAME: Matt Lydon

SIGNATURE: Matt Lydon **DATE: 7/9/25**

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-Jun

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	14.5	7.43	33.7	YES	668
3	1.12	74	82.9	14.7	7.44	33.2	YES	663
4	1.15	74	85.1	14.5	7.47	34.1	YES	643
5	1.14	74	84.4	14.7	7.41	32.9	YES	638
6								
7								
8								
9	1.02	74	75.5	14.9	7.44	32.4	YES	675
10	1.06	74	78.4	15.4	7.45	31.6	YES	664
11	1.04	74	77.0	15.2	7.37	31.0	YES	666
12	1.13	74	83.6	15.5	7.33	30.2	YES	647
13	1.17	74	86.6	15.4	7.49	32.4	YES	635
14								
15								
16	1.06	74	78.4	15.7	7.41	30.5	YES	665
17	1.05	74	77.7	15.8	7.43	30.5	YES	652
18	1.11	74	82.1	15.7	7.44	31.0	YES	649
19	1.09	74	80.7	15.5	7.38	30.6	YES	636
20	1.15	74	85.1	15.7	7.35	30.1	YES	632
21								
22								
23	1.12	74	82.9	16.1	7.44	30.2	YES	664
24	1.14	74	84.4	16.2	7.44	30.1	YES	665
25	1.06	74	78.4	16.4	7.47	29.7	YES	635
26	1.12	74	82.9	16.5	7.53	30.4	YES	628
27	1.15	74	85.1	16.3	7.49	30.5	YES	633
28								
29								
30	1.09	74	80.7	16.6	7.52	30.0	YES	665
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