

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Jul-25**

Conventional or Direct Filtration

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			0.07	0.08	0.07		0.08
2			0.08	0.08	0.08		0.08
3			0.08	0.07	0.07		0.08
4			0.07	0.07	0.07		0.07
5							
6							
7			0.09	0.09	0.08		0.09
8			0.09	0.08	0.09		0.09
9			0.09	0.08	0.08		0.09
10			0.08	0.08	0.07		0.08
11			0.08	0.07	0.07		0.08
12							
13							
14			0.08	0.07	0.06		0.08
15			0.07	0.06	0.06		0.07
16			0.07	0.06	0.06		0.07
17			0.06	0.06	0.06		0.06
18			0.07	0.07	0.06		0.07
19							
20							
21			0.07	0.06	0.07		0.07
22			0.09	0.09	0.09		0.09
23			0.12	0.09	0.09		0.12
24			0.09	0.09	0.09		0.09
25			0.12	0.09	0.09		0.12
26							
27							
28			0.09	0.09	0.08		0.09
29			0.08	0.07	0.07		0.08
30			0.07	0.07	0.07		0.07
31			0.07	0.06	0.06		0.07

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

Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: <i>Matt Lydon</i>	DATE: 8/7/25
	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: Jul-25	Disinfection <i>Giardia</i> Log Inactive: 1
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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	1.07	74	79.2	16.8	7.47	29.0	YES	663
2	1.11	74	82.1	16.8	7.44	28.8	YES	657
3	1.15	74	85.1	17.0	7.34	27.5	YES	652
4	1.22	74	90.3	17.1	7.36	27.7	YES	644
5								
6								
7	1.03	74	76.2	17.4	7.27	25.7	YES	672
8	1.05	74	77.7	17.7	7.34	25.9	YES	661
9	1.12	74	82.9	17.4	7.39	27.2	YES	642
10	1.14	74	84.4	17.7	7.35	26.3	YES	638
11	1.08	74	79.9	17.8	7.32	25.7	YES	633
12								
13								
14	1.08	74	79.9	17.9	7.36	25.9	YES	665
15	1.11	74	82.1	18.2	7.45	26.3	YES	663
16	1.14	74	84.4	18.4	7.42	25.8	YES	651
17	1.21	74	89.5	18.2	7.35	25.6	YES	642
18	1.17	74	86.6	18.3	7.28	24.7	YES	635
19								
20								
21	1.02	74	75.5	18.9	7.33	23.8	YES	661
22	1.08	74	79.9	18.7	7.36	24.5	YES	647
23	1.09	74	80.7	18.8	7.33	24.1	YES	643
24	1.15	74	85.1	18.8	7.38	24.7	YES	638
25	1.11	74	82.1	18.9	7.37	24.4	YES	627
26								
27								
28	1.08	74	79.9	19.0	7.41	24.5	YES	657
29	1.07	74	79.2	19.1	7.44	24.6	YES	646
30	1.21	74	89.5	19.2	7.38	24.3	YES	642
31	1.18	74	87.3	19.2	7.36	24.0	YES	635

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