OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Benton

Month/Year:

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	0.06	0.06		0.07
2							
3							
4			0.08	0.08	0.06		0.08
5			0.06	0.06	0.06		0.06
6			0.06	0.06	0.07		0.07
7			0.07	0.07	0.07		0.07
8			0.08	0.08	0.07		0.08
9							
10							
11			0.09	0.09	0.08		0.09
12			0.09	0.07	0.07		0.09
13			0.07	0.08	0.07		0.08
14			0.08	0.08	0.08		0.08
15			0.08	0.07	0.07		0.08
16							
17							
18			0.08	0.11	0.10		0.11
19			0.11	0.11	0.10		0.11
20			0.09	0.09	0.09		0.09
21			0.09	0.09	0.08		0.09
22			0.08	0.07	0.07		0.08
23							
24							
25			0.09	0.09	0.08		0.09
26			0.08	0.08	0.08		0.08
27			0.08	0.07	0.07		0.08
28			0.07	0.07	0.07		0.07
29			0.07	0.07	0.07		0.07
30							
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 9/10/25

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:**

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	1.23	74	91.0	19.3	7.43	24.6	YES	643
2								
3								
4	1.07	74	79.2	19.5	7.44	23.9	YES	667
5	1.04	74	77.0	19.3	7.39	23.7	YES	665
6	1.09	74	80.7	19.6	7.47	24.1	YES	660
7	1.05	74	77.7	19.8	7.37	22.8	YES	658
8	1.08	74	79.9	19.7	7.35	22.8	YES	642
9								
10								
11	1.07	74	79.2	20.1	7.33	22.0	YES	663
12	1.17	74	86.6	20.2	7.33	22.2	YES	654
13	1.19	74	88.1	20.1	7.32	22.3	YES	642
14	1.14	74	84.4	20.3	7.34	22.0	YES	638
15	1.18	74	87.3	20.1	7.33	22.3	YES	627
16								
17								
18	1.07	74	79.2	20.4	7.35	21.8	YES	674
19	1.05	74	77.7	20.2	7.37	22.2	YES	661
20	1.06	74	78.4	20.3	7.29	21.4	YES	662
21	1.03	74	76.2	20.4	7.28	21.1	YES	653
22	1.05	74	77.7	20.3	7.27	21.2	YES	646
23								
24								
25	1.03	74	76.2	20.1	7.31	21.8	YES	654
26	1.14	74	84.4	20.1	7.34	22.3	YES	661
27	1.12	74	82.9	19.9	7.35	22.6	YES	652
28	1.15	74	85.1	20.1	7.38	22.7	YES	649
29	1.18	74	87.3	20.2	7.34	22.3	YES	631
30								
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