

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Benton

Conventional or Direct Filtration

Month/Year: Sep-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			0.08	0.08	0.08		0.08
2			0.08	0.07	0.07		0.08
3			0.08	0.09	0.08		0.09
4			0.09	0.08	0.08		0.09
5			0.08	0.07	0.07		0.08
6							
7							
8			0.08	0.08	0.07		0.08
9			0.07	0.07	0.07		0.07
10			0.07	0.08	0.07		0.08
11			0.08	0.08	0.07		0.08
12			0.07	0.07	0.07		0.07
13							
14							
15			0.09	0.09	0.09		0.09
16			0.09	0.09	0.08		0.09
17			0.11	0.09	0.09		0.11
18			0.09	0.08	0.08		0.09
19			0.08	0.08	0.08		0.08
20							
21							
22			0.09	0.08	0.08		0.09
23			0.08	0.07	0.07		0.08
24			0.07	0.08	0.07		0.08
25			0.07	0.07	0.07		0.07
26			0.08	0.07	0.07		0.08
27							
28							
29			0.08	0.07	0.07		0.08
30			0.07	0.07	0.07		0.07
31							

Conventional or Direct Filtration

95% of 4-hour turbidity readings $\leq$ 0.3 NTU?

☒ Yes ☐ No

All 4-hour turbidity readings $\leq$ 1 NTU?

☒ Yes ☐ No

All turbidity readings < IFE² triggers

☒ Yes ☐ No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

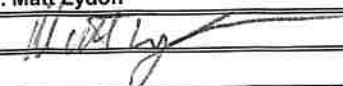
☒ Yes ☐ No

All Cl₂ residual at entry point
 $\geq$ 0.2 mg/l?

☒ Yes ☐ No

Notes:

PRINTED NAME: Matt Lydon

SIGNATURE: 

DATE: 10/1/25

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:
Sep-25
Disinfection *Giardia*
Log Inactive:
1

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	1.04	74	77.0	20.1	7.32	21.9	YES	
2	1.09	74	80.7	20.1	7.35	22.3	YES	
3	1.08	74	79.9	20.2	7.34	22.0	YES	
4	1.11	74	82.1	20.1	7.29	21.8	YES	
5	1.13	74	83.6	20.0	7.31	22.2	YES	
6								
7								
8	1.02	74	75.5	20.2	7.35	21.9	YES	
9	1.09	74	80.7	20.1	7.27	21.6	YES	
10	1.17	74	86.6	19.9	7.24	21.9	YES	
11	1.24	74	91.8	19.9	7.21	21.8	YES	
12	1.21	74	89.5	20.0	7.25	21.9	YES	
13								
14				19.9				
15	1.08	74	79.9	20.1	7.31	21.9	YES	
16	1.12	74	82.9	20.1	7.34	22.3	YES	
17	1.15	74	85.1	20.0	7.35	22.6	YES	
18	1.24	74	91.8	19.9	7.37	23.1	YES	
19	1.33	74	98.4	19.8	7.34	23.3	YES	
20								
21								
22	1.09	74	80.7	19.9	7.29	22.1	YES	
23	1.14	74	84.4	19.7	7.27	22.3	YES	
24	1.26	74	93.2	19.8	7.38	23.4	YES	
25	1.28	74	94.7	19.7	7.26	22.6	YES	
26	1.31	74	96.9	19.6	7.37	23.8	YES	
27								
28								
29	1.14	74	84.4	19.4	7.32	23.2	YES	
30	1.18	74	87.3	19.5	7.37	23.6	YES	
31								

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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350