OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Benton

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 ≤ 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: [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 - :	
Disinfection *Giardia* Log Inactive:	1

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

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	1.04	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 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