OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Benton

Month/Year: Oct-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			0.08	0.07	0.07		0.08
4							
5							
6			0.09	0.09	0.08		0.09
7							
8			0.08	0.08	0.07		0.08
9							
10			0.07	0.06	0.07		0.07
11							
12							
13			0.08	0.09	0.09		0.09
14							
15			0.09	0.09	0.09		0.09
16							
17			0.08	0.07	0.07		0.08
18							
19							
20			0.08	0.07	0.07		0.08
21							
22			0.09	0.09	0.07		0.09
23							
24			0.08	0.07	0.07		0.08
25							
26							
27			0.07	0.08	0.08		0.08
28							
29			0.08	0.07	0.07		0.08
30							
31			0.08	0.07	0.07		0.08

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: **DATE:** 10/6/25

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:** 0CT 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								
2	1.15	74	85.1	19.4	7.33	23.3	YES	647
3	1.24	74	91.8	19.2	7.34	24.0	YES	633
4								
5								
6	1.04	74	77.0	18.9	7.43	24.7	YES	664
7								
8	1.11	74	82.1	18.8	7.42	25.0	YES	658
9								
10	1.09	74	80.7	18.7	7.44	25.3	YES	655
11								
12								
13	1.02	74	75.5	18.2	7.39	25.5	YES	667
14								
15	1.14	74	84.4	18.4	7.37	25.3	YES	651
16								
17	1.18	74	87.3	18.3	7.35	25.4	YES	634
18								
19								
20	1.07	74	79.2	18.1	7.32	25.1	YES	674
21								
22	1.19	74	88.1	18.0	7.33	25.7	YES	642
23								
24	1.22	74	90.3	18.1	7.38	26.1	YES	634
25								
26								
27	1.07	74	79.2	17.8	7.35	25.9	YES	654
28								
29	1.16	74	85.8	17.7	7.27	25.6	YES	641
30								
31	1.25	74	92.5	17.8	7.37	26.7	YES	629

[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