OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Benton

Month/Year: Nov-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							
3			0.09	0.09	0.08		0.09
4							
5			0.08	0.08	0.08		0.08
6							
7			0.08	0.08	0.08		0.08
8							
9							
10			0.08	0.07	0.07		0.08
11							
12			0.07	0.07	0.07		0.07
13							
14			0.08	0.08	0.07		0.08
15							
16							
17			0.09	0.08	0.07		0.09
18							
19			0.08	0.08	0.07		0.08
20							
21			0.07	0.06	0.06		0.07
22							
23							
24			0.08	0.07	0.07		0.08
25			0.08	0.07	0.06		0.08
26			0.07	0.07	0.07		0.07
27							
28							
29							
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

SIGNATURE: [signature] **DATE:** 12/8/25

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:** 25-Nov

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								
3	1.07	74	79.2	17.2	7.35	27.0	YES	667
4								
5	1.13	74	83.6	16.8	7.38	28.2	YES	654
6								
7	1.09	74	80.7	16.3	7.41	29.4	YES	641
8								
9								
10	1.04	74	77.0	16.2	7.37	29.0	YES	663
11								
12	1.23	74	91.0	16.3	7.34	29.1	YES	657
13								
14	1.37	74	101.4	15.9	7.37	30.7	YES	635
15								
16								
17	1.17	74	86.6	15.8	7.44	31.0	YES	654
18								
19	1.28	74	94.7	15.4	7.41	31.9	YES	641
20								
21	1.33	74	98.4	15.5	7.36	31.3	YES	633
22								
23								
24	1.11	74	82.1	15.2	7.33	30.8	YES	657
25	1.28	74	94.7	14.9	7.37	32.5	YES	644
26	1.43	74	105.8	14.8	7.38	33.4	YES	628
27								
28								
29								
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