

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Dec-26**

Conventional or Direct Filtration

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

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE ² triggers Yes/No <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: 	DATE: 1/9/26
	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:

25-Dec

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	1.14	74	84.4	14.4	7.33	32.6	YES	668
2								
3	1.17	74	86.6	14.2	7.38	33.7	YES	654
4								
5	1.09	74	80.7	14.3	7.36	33.0	YES	643
6								
7								
8	1.13	74	83.6	13.8	7.39	34.6	YES	661
9								
10	1.24	74	91.8	13.5	7.33	35.0	YES	651
11								
12	1.36	74	100.6	13.5	7.42	36.6	YES	632
13								
14								
15	1.08	74	79.9	13.3	7.45	36.4	YES	657
16								
17	1.14	74	84.4	13.1	7.47	37.4	YES	645
18								
19	1.17	74	86.6	13.3	7.45	36.7	YES	637
20								
21								
22	1.08	74	79.9	13.2	7.39	35.8	YES	665
23	1.24	74	91.8	13.1	7.41	37.0	YES	641
24	1.39	74	102.9	13.2	7.43	37.6	YES	628
25								
26								
27								
28								
29	1.04	74	77.0	12.9	7.44	37.0	YES	672
30	1.33	74	98.4	12.8	7.36	37.4	YES	642
31	1.43	74	105.8	12.9	7.35	37.5	YES	627

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:

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