

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Jan-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	OFF	OFF	OFF	OFF	
2	OFF	OFF	OFF	OFF	OFF	OFF	
3	OFF	OFF	OFF	OFF	OFF	OFF	
4	OFF	OFF	OFF	OFF	OFF	OFF	
5	OFF	OFF	0.11	0.09	0.09	OFF	0.11
6	OFF	OFF	0.09	0.08	0.08	OFF	0.09
7	OFF	OFF	OFF	OFF	OFF	OFF	
8	OFF	OFF	0.08	0.08	0.08	OFF	0.08
9	OFF	OFF	0.08	0.07	0.07	OFF	0.08
10	OFF	OFF	OFF	OFF	OFF	OFF	
11	OFF	OFF	OFF	OFF	OFF	OFF	
12	OFF	OFF	0.09	0.08	0.07	OFF	0.09
13	OFF	OFF	OFF	OFF	OFF	OFF	
14	OFF	OFF	0.07	0.07	0.07	OFF	0.07
15	OFF	OFF	OFF	OFF	OFF	OFF	
16	OFF	OFF	0.07	0.06	0.06	OFF	0.07
17	OFF	OFF	OFF	OFF	OFF	OFF	
18	OFF	OFF	OFF	OFF	OFF	OFF	
19	OFF	OFF	0.08	0.08	0.07	OFF	0.08
20	OFF	OFF	OFF	OFF	OFF	OFF	
21	OFF	OFF	0.06	0.06	0.06	OFF	0.06
22	OFF	OFF	OFF	OFF	OFF	OFF	
23	OFF	OFF	0.07	0.06	0.06	OFF	0.07
24	OFF	OFF	OFF	OFF	OFF	OFF	
25	OFF	OFF	OFF	OFF	OFF	OFF	
26	OFF	OFF	0.08	0.08	0.08	OFF	0.08
27	OFF	OFF	OFF	OFF	OFF	OFF	
28	OFF	OFF	0.07	0.06	0.06	OFF	0.07
29	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	0.07	0.08	0.07	OFF	0.08
31	OFF	OFF	OFF	OFF	OFF	OFF	

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

Notes:	PRINTED NAME: <u>May Lydon</u>	
	SIGNATURE: <u><i>May Lydon</i></u>	DATE:
	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-Jan	Disinfection <i>Giardia</i> Log Inactive: 1
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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								
4								
5	0.95	74	70.3	12.1	7.34	37.7	YES	671
6	1.08	74	79.9	12.3	7.27	36.8	YES	663
7								
8	1.19	74	88.1	11.7	7.35	39.8	YES	654
9	1.25	74	92.5	11.4	7.33	40.6	YES	643
10								
11								
12	1.04	74	77.0	11.2	7.45	41.9	YES	668
13								
14	1.17	74	86.6	11.4	7.48	42.4	YES	650
15								
16	1.22	74	90.3	11.2	7.39	41.9	YES	634
17								
18								
19	1.11	74	82.1	10.9	7.36	41.8	YES	665
20								
21	1.28	74	94.7	11.1	7.42	42.9	YES	638
22								
23	1.33	74	98.4	10.8	7.44	44.3	YES	623
24								
25								
26	1.12	74	82.9	10.8	7.43	43.1	YES	657
27								
28	1.33	74	98.4	10.9	7.40	43.4	YES	641
29								
30	1.31	74	96.9	10.8	7.42	43.9	YES	633
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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