

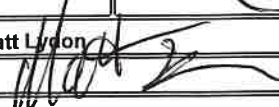
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Feb-21**

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			0.09	0.08	0.08		0.09
2			0.08	0.09	0.10		0.10
3			0.12	0.11	0.09		0.12
4							
5			0.11	0.08	0.06		0.11
6							
7							
8			0.07	0.05	0.05		0.07
9			0.05	0.04	0.04		0.05
10			0.05	0.05	0.05		0.05
11			0.05	0.05	0.05		0.05
12			0.04	0.05	0.05		0.05
13							
14							
15							
16			0.05	0.05	0.06		0.06
17			0.05	0.05	0.05		0.05
18			0.05	0.04	0.04		0.05
19			0.05	0.04	0.04		0.05
20							
21							
22			0.08	0.05	0.05		0.08
23			0.05	0.05	0.05		0.05
24			0.05	0.05	0.05		0.05
25			0.04	0.04	0.04		0.04
26			0.04	0.04	0.04		0.04
27							
28							
29							
30							
31							

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		
Notes:	PRINTED NAME: Matt Lydon		Feb-21
	SIGNATURE: 		
	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

System Name:

Adair Village

ID#: 41 00003

Month/Year:

WTP - :

**Disinfection Giardia
Log Inactive:**

1

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	1.14	47	53.6	7.9	7.47	53.2	YES	657
2	1.11	47	52.2	7.7	7.37	51.8	YES	663
3	1.17	47	55.0	9.3	7.33	46.2	YES	647
4								
5	1.09	47	51.2	9.0	7.47	49.1	YES	663
6								
7								
8	1.12	47	52.6	9.4	7.36	46.1	YES	653
9	1.15	47	54.1	9.2	7.26	45.3	YES	659
10	1.13	47	53.1	8.5	7.44	50.5	YES	663
11	1.08	47	50.8	9.0	7.56	50.6	YES	642
12	1.17	47	55.0	9.2	7.55	50.3	YES	648
13								
14								
15								
16	1.23	47	57.8	9.2	7.31	46.5	YES	654
17	1.16	47	54.5	9.0	7.37	47.8	YES	661
18	1.14	47	53.6	9.8	7.31	44.3	YES	660
19	1.07	47	50.3	9.3	7.25	44.4	YES	645
20								
21								
22	1.17	47	55.0	9.8	7.29	44.1	YES	675
23	1.05	47	49.4	10.0	7.46	45.6	YES	664
24	1.19	47	55.9	9.3	7.51	49.4	YES	645
25	1.14	47	53.6	10.0	7.37	44.6	YES	664
26	1.15	47	54.1	9.4	7.25	44.5	YES	653
27								
28								
29								
30								
31								

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