

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Mar-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							
2							
3			0.05	0.04	0.04		0.05
4			0.04	0.04	0.04		0.04
5			0.05	0.05	0.05		0.05
6							
7							
8			0.06	0.05	0.05		0.06
9			0.05	0.05	0.05		0.05
10			0.06	0.06	0.06		0.06
11			0.09	0.06	0.06		0.09
12			0.06	0.06	0.05		0.06
13							
14							
15			0.06	0.06	0.06		0.06
16			0.06	0.06	0.05		0.06
17			0.06	0.05			0.06
18			0.06	0.05	0.05		0.06
19			0.06	0.05	0.05		0.05
20							
21							
22			0.06	0.06	0.06		0.06
23			0.06	0.06	0.05		0.06
24			0.06	0.05	0.05		0.06
25			0.06	0.05	0.05		0.06
26			0.06	0.05	0.05		0.06
27							
28							
29			0.06	0.06	0.05		0.06
30			0.06	0.05	0.06		0.06
31			0.05	0.05	0.05		0.05

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 Cl2 residual at entry point ≥ 0.2 mg/l?
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	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Matt Lydon
	SIGNATURE: <i>[Signature]</i> Mar-21
	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: 21-Mar	Disinfection <i>Giardia</i> Log Inactive: 1
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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								
2								
3	1.11	47	52.2	10.5	7.42	43.8	YES	667
4	1.07	47	50.3	10.5	7.37	42.8	YES	669
5	1.12	47	52.6	10.3	7.57	46.8	YES	665
6								
7								
8	1.01	47	47.5	10.2	7.47	44.9	YES	680
9	1.15	47	54.1	10.1	7.32	43.6	YES	678
10	1.16	47	54.5	10.2	7.49	46.0	YES	663
11	1.05	47	49.4	9.8	7.32	44.0	YES	665
12	1.09	47	51.2	10.3	7.39	43.8	YES	663
13								
14								
15	0.98	47	46.1	9.8	7.44	45.5	YES	689
16	1.04	47	48.9	10.3	7.33	42.6	YES	671
17	1.15	47	54.1	10.1	7.32	43.6	YES	668
18	1.12	47	52.6	10.4	7.43	44.3	YES	653
19	1.08	47	50.8	10.4	7.27	41.7	YES	658
20								
21								
22	1.07	47	50.3	10.8	7.54	44.6	YES	688
23	1	47	47.0	9.9	7.36	44.0	YES	675
24	1.02	47	47.9	11.1	7.45	42.1	YES	670
25	1.05	47	49.4	9.8	7.33	44.1	YES	667
26	0.98	47	46.1	10.2	7.45	44.5	YES	652
27								
28								
29	1.05	47	49.4	10.2	7.30	42.5	YES	674
30	1.04	47	48.9	10.9	7.33	41.0	YES	663
31	1.14	47	53.6	11.0	7.40	42.2	YES	660

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
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