

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Apr-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			0.07	0.05			0.07
2			0.07	0.06			0.07
3							
4							
5							
6			0.07	0.07	0.07	0.07	0.07
7			0.06	0.06	0.07	.063	0.07
8			0.06	0.06	0.06		0.06
9			0.08	0.07	0.06	0.06	0.08
10							
11							
12			0.08	0.06	0.06	0.06	0.08
13			0.06	0.06	0.07		0.07
14			0.06	0.06	0.06		0.06
15			0.06	0.06	0.06		0.06
16			0.07	0.06	0.06		0.07
17							
18							
19			0.06	0.06	0.07		0.07
20			.110	0.07	0.06		0.07
21			0.09	0.07	0.07		0.09
22			0.06	0.06	0.06		0.06
23			0.09	0.08	0.08		0.09
24							
25							
26			0.08	0.70	0.06		0.08
27			0.08	0.08	0.07		0.08
28			0.08	0.07	0.07		0.08
29			0.08	0.06	0.06		0.08
30			0.08	0.06	0.06		0.08
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) Yes/No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No
All 4-hour turbidity readings ≤ 1 NTU? Yes/No		
All turbidity readings < IFE ² triggers Yes/No		

Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: <i>[Signature]</i>	DATE: 5/10/21
	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: Apr-21	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	1.11	47	52.2	11.4	7.37	40.6	YES	667
2	1.26	47	59.2	11.8	7.27	38.8	YES	665
3								
4								
5	1.09	47	51.2	11.5	7.27	38.8	YES	678
6	1.11	47	52.2	13.0	7.36	36.0	YES	663
7	1.04	47	48.9	12.5	7.66	41.3	YES	665
8	1.14	47	53.6	12.2	7.50	40.4	YES	648
9	1.43	47	67.2	12.2	7.27	38.5	YES	650
10								
11								
12	1.05	47	49.4	12.9	7.65	40.1	YES	682
13	1.03	47	48.4	12.5	7.34	36.6	YES	677
14	1.09	47	51.2	12.5	7.45	38.4	YES	664
15	1.1	47	51.7	11.7	7.52	41.9	YES	652
16	1.14	47	53.6	12.6	7.43	38.1	YES	644
17								
18								
19	1.03	47	48.4	13.2	7.34	35.0	YES	678
20	1.07	47	50.3	14.0	7.38	33.8	YES	673
21	1.23	47	57.8	15.5	7.48	32.3	YES	670
22	0.99	47	46.5	15.7	7.34	29.5	YES	666
23	1.2	47	56.4	15.0	7.24	30.5	YES	654
24								
25								
26	1.09	47	51.2	14.8	7.29	31.1	YES	683
27	1.03	47	48.4	14.5	7.37	32.4	YES	663
28	1.07	47	50.3	14.8	7.48	33.2	YES	648
29	1.07	47	50.3	14.7	7.21	30.3	YES	644
30	1.11	47	52.2	15.0	7.48	33.0	YES	648
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