

OHA - Drinking Water Services -Turbidity Monitoring Report Form

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

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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <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>Matt Lydon</i>	May-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 Eff. (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:

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								
2								
3	1.09	47	51.2	16.1	7.51	30.9	YES	673
4	1.04	47	48.9	16.0	7.47	30.5	YES	677
5	1.11	47	52.2	16.0	7.31	28.9	YES	652
6	1.14	47	53.6	16.0	7.27	28.6	YES	648
7	1.01	47	47.5	15.8	7.54	31.6	YES	654
8								
9								
10	0.98	47	46.1	15.8	7.41	30.0	YES	677
11	1.07	47	50.3	15.9	7.25	28.4	YES	662
12	1.01	47	47.5	16.2	7.27	27.8	YES	650
13	0.98	47	46.1	17.1	7.33	26.7	YES	648
14	1.04	47	48.9	17.4	7.41	27.1	YES	652
15								
16								
17	1.03	47	48.4	17.5	7.19	24.8	YES	666
18	1.14	47	53.6	18.0	7.27	25.0	YES	686
19	1.1	47	51.7	18.3	7.25	24.2	YES	654
20	1.23	47	57.8	18.5	7.31	24.8	YES	660
21	1.07	47	50.3	17.5	7.51	28.1	YES	644
22								
23								
24	1.05	47	49.4	16.9	7.27	26.7	YES	671
25	1	47	47.0	16.6	7.30	27.4	YES	663
26	0.98	47	46.1	17.0	7.40	27.6	YES	665
27	1.06	47	49.8	16.8	7.33	27.5	YES	653
28	1.05	47	49.4	17.0	7.54	29.3	YES	648
29								
30								
31	1.15	47	54.1	16.9	7.37	28.0	YES	662

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:

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