

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

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

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			0.08	0.08	0.07		0.08
2			0.08	0.08	0.08		0.08
3							
4			0.09	0.08	0.07		0.08
5			0.08	0.07	0.07		0.08
6							
7							
8							
9							
10							
11							
12							
13							
14							
15			0.09	0.09	0.08		0.09
16			0.09	0.09	0.09		0.09
17			0.08	0.08	0.70		0.08
18			0.07	0.08	0.07		0.08
19			0.08	0.07	0.06		0.08
20							
21							
22			0.09	0.07	0.07		0.09
23							
24			0.08	0.08	0.07		0.08
25							
26							
27							
28							
29			0.10	0.09	0.08		0.10
30			0.08	0.09	0.07		0.08
31							

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: <u>Matt Lydon</u>	
	SIGNATURE: <u>[Signature]</u>	10/10/2021
	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 = Indiv. 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:

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	1.07	47	50.3	17.1	7.47	28.4	YES	648
2	1.07	47	50.3	17.2	7.27	26.2	YES	641
3								
4	0.97	47	45.6	16.4	7.33	27.9	YES	645
5	1.09	47	51.2	16.0	7.34	29.2	YES	638
6								
7								
8								
9								
10								
11								
12								
13								
14								
15	0.94	47	44.2	15.4	7.49	31.6	YES	663
16	0.97	47	45.6	15.0	7.55	33.3	YES	667
17	0.99	47	46.5	15.4	7.27	29.3	YES	657
18	1.14	47	53.6	15.2	7.30	30.5	YES	655
19	1	47	47.0	14.7	7.34	31.5	YES	638
20								
21								
22	0.99	47	46.5	14.9	7.40	31.8	YES	638
23								
24	1.04	47	48.9	14.4	7.28	31.6	YES	633
25								
26								
27								
28								
29	1.14	47	53.6	14.2	7.33	33.0	YES	654
30	1.02	47	47.9	14.7	7.27	30.8	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