

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**  
 Month/Year: **Feb-22**

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 <sup>1</sup> [NTU]
1							
2							
3			0.08	0.08	0.07		0.08
4			0.08	0.07	0.07		0.07
5							
6							
7			0.09	0.07	0.07		0.09
8							
9			0.07	0.06	0.06		0.07
10							
11			0.07	0.07	0.07		0.07
12							
13							
14			0.09	0.09	0.08		0.09
15							
16			0.08	0.07	0.08		0.08
17							
18			0.09	0.07	0.07		0.09
19							
20							
21			0.07	0.07	0.06		0.07
22							
23							
24			0.08	0.07	0.06		0.08
25			0.07	0.07	0.07		0.07
26							
27							
28			0.08	0.08	0.08		0.08
29							
30							
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes/No</b>	CT's met everyday? (see back) <b>Yes/No</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes/No</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes/No</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes/No</b>		

Notes:	PRINTED NAME: <b>Matt Lydon</b>	
	SIGNATURE: <i>[Signature]</i>	DATE: <b>3/8/22</b>
	503-302-4317	CERT #: <b>8763</b>

<sup>1</sup> 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. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	
Disinfection <i>Giardia</i> Log Inactive:	1

System Name: Adair Village ID#: 41 00003 Month/Year:

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1								
2								
3	1.04	47	48.9	8.4	7.22	46.5	YES	653
4	1.05	47	49.4	8.2	7.33	49.1	YES	658
5								
6								
7	1.11	47	52.2	7.9	7.29	49.7	YES	666
8								
9	1.09	47	51.2	8.2	7.24	47.7	YES	748
10								
11	1.04	47	48.9	8.6	7.25	46.4	YES	654
12								
13								
14	0.97	47	45.6	8.6	7.22	45.5	YES	658
15								
16	1.07	47	50.3	8.2	7.20	47.0	YES	663
17								
18	1.03	47	48.4	8.0	7.26	48.4	YES	645
19								
20								
21	0.97	47	45.6	8.8	7.24	45.3	YES	672
22								
23								
24	1.05	47	49.4	8.6	7.29	47.1	YES	662
25	1.12	47	52.6	8.7	7.33	47.8	YES	650
26								
27								
28	1.07	47	50.3	9.0	7.30	46.1	YES	665
29								
30								
31								

<sup>3</sup> If Cl<sub>2</sub> 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:  
[dlp.dmce@state.or.us](mailto:dlp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350