

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Benton
 Month/Year: Mar-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 ¹ [NTU]
1							
2			0.08	0.08	0.08		0.08
3							
4			0.08	0.07	0.07		0.08
5							
6							
7							
8			0.09	0.08	0.08		0.09
9			0.09	0.08	0.09		0.09
10			0.08	0.07	0.07		0.08
11			0.09	0.07	0.07		0.09
12							
13							
14			0.09	0.07	0.07		0.09
15							
16			0.07	0.06	0.07		0.07
17							
18			0.08	0.07	0.07		0.08
19							
20							
21			0.08	0.07	0.07		0.08
22							
23			0.07	0.07	0.07		0.07
24							
25			0.07	0.07	0.07		0.07
26							
27							
28			0.09	0.08	0.08		0.09
29							
30			0.08	0.07	0.07		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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE ² triggers	Yes / No		
Notes:	PRINTED NAME: Matt Lydon		DATE: 4/6/22
	SIGNATURE: <i>[Signature]</i>		CERT #: 8763
	503-302-4317		

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: 22-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	1.07	47	50.3	8.7	7.44	49.5	YES	656
3								
4	1.07	47	50.3	8.9	7.37	47.6	YES	663
5								
6								
7								
8	1.03	47	48.4	9.0	7.29	45.8	YES	668
9	1.11	47	52.2	9.4	7.33	45.6	YES	655
10	1.04	47	48.9	9.0	7.37	47.1	YES	647
11	0.97	47	45.6	9.7	7.35	44.3	YES	653
12								
13								
14	1.03	47	48.4	9.7	7.32	44.2	YES	674
15								
16	1.07	47	50.3	9.7	7.36	45.0	YES	668
17								
18	1.14	47	53.6	10.2	7.35	43.7	YES	650
19								
20								
21	0.98	47	46.1	10.5	7.37	42.4	YES	653
22								
23	1.06	47	49.8	10.7	7.38	42.4	YES	648
24								
25	1.14	47	53.6	10.4	7.36	43.3	YES	650
26								
27								
28	1.12	47	52.6	10.8	7.36	42.1	YES	643
29								
30	1.17	47	55.0	10.9	7.36	42.0	YES	647
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