

OHA - Drinking Water Services -Turbidity Monitoring Report Form

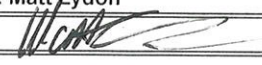
County: **Benton**
 Month/Year: **Jun-22**

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

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

Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: 	7/10/2022
	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:	22-Jun	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	1.09	47	51.2	12.3	7.35	37.9	YES	648
2								
3	1.07	47	50.3	12.2	7.36	38.2	YES	655
4								
5								
6	1.13	47	53.1	11.9	7.33	38.8	YES	663
7	1.07	47	50.3	12.5	7.45	38.3	YES	670
8	1.1	47	51.7	12.7	7.43	37.7	YES	654
9								
10	1.14	47	53.6	12.4	7.34	37.7	YES	675
11								
12								
13	1.12	47	52.6	12.9	7.55	38.9	YES	657
14	1.13	47	53.1	12.9	7.54	38.8	YES	663
15	1.09	47	51.2	13.3	7.35	35.1	YES	660
16								
17	1.14	47	53.6	13.9	7.33	33.7	YES	654
18								
19								
20	1.11	47	52.2	14.4	7.30	32.1	YES	677
21	1.19	47	55.9	14.7	7.36	32.5	YES	664
22								
23	1.17	47	55.0	15.5	7.33	30.4	YES	652
24	1.08	47	50.8	15.7	7.37	30.1	YES	648
25								
26								
27	1.11	47	52.2	15.4	7.44	31.6	YES	678
28	1.04	47	48.9	15.5	7.38	30.5	YES	668
29	1.15	47	54.1	15.9	7.36	29.8	YES	675
30	1.11	47	52.2	15.7	7.33	29.8	YES	665
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