

OHA - Drinking Water Services -Turbidity Monitoring Report Form

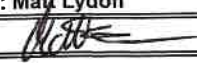
County: **Benton**  
 Month/Year: **Aug-22**

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

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)
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes:	PRINTED NAME: <b>Matt Lydon</b>
	SIGNATURE: 
	503-302-4317
	8/9/2022
	CERT #:8763

<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 = Indivd. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name: <b>Adair Village</b>	ID#: <b>41 00003</b>	Month/Year: <b>Aug-22</b>	Disinfection <i>Giardia</i> Log Inactive: <b>1</b>
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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	0.95	47	44.7	21.0	7.36	20.7	YES	654
2	0.99	47	46.5	21.0	7.44	21.4	YES	663
3	1.04	47	48.9	20.5	7.46	22.5	YES	658
4	1.11	47	52.2	20.9	7.44	21.9	YES	674
5	1.07	47	50.3	20.4	7.42	22.3	YES	652
6								
7								
8	1.12	47	52.6	21.2	7.37	20.9	YES	668
9	0.97	47	45.6	21.0	7.32	20.4	YES	663
10	0.95	47	44.7	20.5	7.39	21.6	YES	665
11	1.04	47	48.9	20.7	7.36	21.3	YES	650
12	1.14	47	53.6	21.3	7.38	20.9	YES	638
13								
14								
15	0.98	47	46.1	20.9	7.46	21.7	YES	667
16	1.07	47	50.3	21.0	7.45	21.7	YES	662
17	1.02	47	47.9	21.2	7.41	21.0	YES	648
18	1.04	47	48.9	20.7	7.42	21.8	YES	657
19	1.09	47	51.2	21.2	7.49	21.8	YES	643
20								
21								
22	1.03	47	48.4	21.5	7.57	21.8	YES	668
23	1.02	47	47.9	21.2	7.47	21.4	YES	662
24	0.98	47	46.1	20.8	7.33	20.8	YES	650
25	1.08	47	50.8	20.4	7.39	22.1	YES	647
26	1.11	47	52.2	20.4	7.64	24.4	YES	651
27								
28								
29	0.97	47	45.6	20.9	7.54	22.3	YES	672
30	1.23	47	57.8	20.7	7.39	22.1	YES	670
31	1.15	47	54.1	20.5	7.54	23.4	YES	657

<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:  
[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350