

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **OCTOBER 2022**

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							
3			0.08	0.07	0.07		0.08
4			0.07	0.07	0.07		0.07
5			0.08	0.08	0.07		0.08
6			0.08	0.08	0.08		0.08
7			0.07	0.07	0.08		0.08
8							
9							
10			0.08	0.07	0.07		0.08
11			0.07	0.07	0.07		0.07
12			0.07	0.07	0.07		0.07
13			0.07	0.08	0.07		0.08
14			0.07	0.07	0.08		0.08
15							
16							
17			0.09	0.07	0.07		0.09
18			0.09	0.08	0.07		0.09
19			0.08	0.07	0.07		0.08
20			0.08	0.07	0.06		0.08
21			0.07	0.07	0.06		0.07
22							
23							
24			0.07	0.07	0.07		0.07
25			0.08	0.07	0.07		0.08
26			0.09	0.07	0.07		0.09
27			0.08	0.07	0.06		0.08
28			0.08	0.08	0.07		0.08
29							
30			0.08	0.07	0.08		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: Matt Lydon	
	SIGNATURE: <i>Matt Lydon</i>	11/2/2022
	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 = Indivd. 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: Oct-22	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								
3	1.07	47	50.3	17.5	7.61	29.1	YES	652
4	1.05	47	49.4	17.7	7.54	27.9	YES	657
5	1.03	47	48.4	17.4	7.41	27.1	YES	648
6	1.11	47	52.2	17.1	7.39	27.7	YES	650
7	1.14	47	53.6	16.5	7.35	28.5	YES	643
8								
9								
10	1.17	47	55.0	16.8	7.34	27.9	YES	663
11	1.07	47	50.3	16.8	7.48	29.1	YES	657
12	1.04	47	48.9	17.0	7.45	28.3	YES	650
13	0.97	47	45.6	16.8	7.40	27.9	YES	640
14	1.05	47	49.4	16.7	7.42	28.6	YES	638
15								
16								
17	1.04	47	48.9	16.4	7.41	29.0	YES	665
18	1.09	47	51.2	16.2	7.64	32.2	YES	663
19	1.03	47	48.4	15.9	7.51	31.1	YES	655
20	0.98	47	46.1	15.9	7.40	29.7	YES	652
21	1.05	47	49.4	15.1	7.33	30.8	YES	648
22								
23								
24	1.07	47	50.3	14.9	7.37	31.7	YES	666
25	1.03	47	48.4	14.9	7.46	32.6	YES	662
26	0.97	47	45.6	14.3	7.43	33.4	YES	654
27	1.14	47	53.6	14.4	7.64	36.5	YES	652
28	1.11	47	52.2	14.0	7.60	36.8	YES	645
29								
30								
31	1.07	47	50.3	14.4	7.61	35.8	YES	657

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