

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Jan-23**

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			0.07	0.06	0.06		0.07
3							
4			0.06	0.05	0.06		0.06
5							
6			0.06	0.05	0.05		0.06
7							
8							
9			0.07	0.07	0.06		0.07
10							
11			0.06	0.05	0.06		0.06
12							
13							
14							
15							
16			0.07	0.07	0.07		0.07
17			0.06	0.07	0.06		0.07
18			0.06	0.06	0.06		0.06
19							
20			0.07	0.05	0.05		0.07
21							
22							
23			0.06	0.06	0.05		0.06
24							
25			0.05	0.05	0.05		0.05
26							
27			0.06	0.05	0.05		0.06
28							
29							
30			0.06	0.06	0.05		0.06
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: 	2/7/2023
	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:

Disinfection *Giardia*
Log Inactive:

1

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								
2	1.11	47	52.2	9.8	7.33	44.4	YES	663
3								
4	1.07	47	50.3	9.7	7.46	46.6	YES	668
5								
6	1.03	47	48.4	10.1	7.36	43.6	YES	656
7								
8								
9	0.97	47	45.6	9.9	7.27	42.5	YES	660
10								
11	1.05	47	49.4	9.6	7.37	45.3	YES	662
12								
13								
14								
15								
16	1.04	47	48.9	9.4	7.44	47.0	YES	672
17	1.12	47	52.6	9.9	7.42	45.6	YES	668
18	1.09	47	51.2	10.2	7.45	45.0	YES	665
19								
20	1.14	47	53.6	9.7	7.38	45.7	YES	655
21								
22								
23	1.03	47	48.4	9.8	7.35	44.3	YES	667
24								
25	1.09	47	51.2	9.6	7.37	45.5	YES	661
26								
27	1.11	47	52.2	10.2	7.33	43.3	YES	663
28								
29								
30	1.06	47	49.8	9.8	7.43	45.8	YES	668
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