

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: **Benton**  
 Month/Year: **Mar-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 <sup>1</sup> [NTU]
1			0.08	0.08	0.07		0.08
2							
3			0.07	0.06	0.06		0.07
4							
5							
6			0.06	0.06	0.05		0.06
7							
8			0.07	0.05	0.05		0.07
9							
10			0.06	0.06	0.05		0.06
11							
12							
13			0.06	0.06	0.06		0.06
14							
15			0.07	0.07	0.07		0.07
16							
17			0.07	0.06	0.05		0.07
18							
19							
20			0.08	0.08	0.07		0.08
21							
22			0.07	0.05	0.05		0.07
23							
24			0.07	0.07	0.07		0.07
25							
26							
27			0.08	0.07	0.08		0.08
28							
29			0.07	0.07	0.06		0.07
30							
31			0.07	0.06	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) <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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: <b>Matt Lydon</b>	
	SIGNATURE: <i>Matt Lydon</i>	4/7/2023
	503-302-4317	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 = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	
Disinfection <i>Giardia</i> Log Inactive:	1

System Name: Adair Village ID#: 41 00003 Month/Year: 23-Mar

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.12	47	52.6	9.0	7.33	46.9	YES	654
2								
3	1.17	47	55.0	9.4	7.27	45.0	YES	648
4								
5								
6	1.04	47	48.9	9.2	7.34	46.0	YES	663
7								
8	1.09	47	51.2	9.4	7.33	45.5	YES	665
9								
10	1.11	47	52.2	9.6	7.36	45.5	YES	652
11								
12								
13	1.03	47	48.4	9.8	7.42	45.4	YES	668
14								
15	1.14	47	53.6	9.8	7.47	46.8	YES	648
16								
17	1.13	47	53.1	9.7	7.56	48.6	YES	655
18								
19								
20	1.11	47	52.2	9.9	7.58	48.2	YES	671
21								
22	1.23	47	57.8	9.6	7.44	47.4	YES	662
23								
24	1.26	47	59.2	9.8	7.37	45.8	YES	660
25								
26								
27	1.17	47	55.0	9.4	7.44	47.7	YES	665
28								
29	1.14	47	53.6	9.8	7.45	46.5	YES	663
30								
31	1.07	47	50.3	9.6	7.36	45.3	YES	648

<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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350