

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: **Benton**
 Month/Year: **Apr-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							
3			0.08	0.07	0.07		0.08
4							
5			0.08	0.06	0.06		0.08
6							
7			0.07	0.07	0.07		0.07
8							
9							
10			0.09	0.09	0.08		0.09
11							
12			0.09	0.09	0.09		0.09
13							
14			0.09	0.07	0.06		0.09
15							
16							
17			0.08	0.06	0.06		0.08
18							
19			0.06	0.06	0.06		0.06
20							
21			0.07	0.06	0.07		0.07
22							
23							
24			0.08	0.08	0.08		0.08
25							
26			0.08	0.07	0.07		0.08
27							
28			0.07	0.06	0.06		0.07
29							
30							
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>	DATE: 5/9/23
	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: Apr-23 Disinfection Giardia Log Inactive: 1

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	1.14	47	53.6	9.8	7.43	46.2	YES	663
4								
5	1.09	47	51.2	9.6	7.39	45.9	YES	658
6								
7	1.11	47	52.2	9.7	7.36	45.2	YES	644
8								
9								
10	1.04	47	48.9	9.8	7.44	45.8	YES	660
11								
12	1.23	47	57.8	10.4	7.43	44.8	YES	645
13								
14	1.17	47	55.0	10.2	7.47	45.8	YES	652
15								
16								
17	1.28	47	60.2	10.4	7.54	46.9	YES	664
18								
19	1.13	47	53.1	10.8	7.48	43.9	YES	650
20								
21	1.12	47	52.6	10.6	7.33	42.2	YES	658
22								
23								
24	1.07	47	50.3	11.2	7.37	40.9	YES	648
25								
26	1.15	47	54.1	11.4	7.33	40.2	YES	663
27								
28	1.08	47	50.8	11.2	7.49	42.7	YES	657
29								
30								
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:
dup.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350