

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

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

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			0.09	0.08	0.07		0.09
2			0.08	0.07	0.07		0.08
3							
4							
5			0.09	0.09	0.09		0.09
6			0.08	0.08	0.08		0.08
7			0.09	0.09	0.08		0.09
8			0.08	0.07	0.07		0.08
9			0.07	0.06	0.07		0.07
10							
11							
12			0.09	0.09	0.08		0.09
13			0.09	0.08	0.09		0.09
14			0.09	0.07	0.07		0.09
15			0.07	0.06	0.06		0.07
16			0.07	0.07	0.07		0.07
17							
18							
19			0.09	0.10	0.09		0.10
20			0.09	0.09	0.08		0.09
21			0.08	0.07	0.07		0.08
22			0.08	0.08	0.08		0.08
23			0.08	0.08	0.07		0.08
24							
25							
26			0.08	0.07	0.06		0.08
27			0.07	0.06	0.06		0.07
28			0.06	0.06	0.06		0.06
29			0.07	0.07	0.06		0.07
30			0.07	0.07	0.07		0.07
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: 7/6/23
	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 Eff. (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:	Jun-23	Disinfection <i>Giardia</i> Log Inactive:	1
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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	0.98	47	46.1	12.8	7.47	37.5	YES	654
2	1.03	47	48.4	13.3	7.35	34.9	YES	644
3								
4								
5	0.97	47	45.6	13.7	7.37	34.0	YES	656
6	1.05	47	49.4	13.5	7.43	35.5	YES	663
7	1.07	47	50.3	13.4	7.27	33.8	YES	654
8	1.09	47	51.2	13.6	7.33	34.1	YES	667
9	1.03	47	48.4	13.5	7.36	34.5	YES	637
10								
11								
12	0.96	47	45.1	13.8	7.45	34.7	YES	677
13	0.98	47	46.1	13.7	7.33	33.5	YES	663
14	1.04	47	48.9	14.2	7.29	32.1	YES	657
15	1.14	47	53.6	13.8	7.36	34.3	YES	662
16	1.17	47	55.0	14.3	7.25	31.9	YES	636
17								
18								
19	0.95	47	44.7	15.7	7.44	30.4	YES	673
20	0.94	47	44.2	15.4	7.27	29.1	YES	675
21	1.17	47	55.0	16.3	7.37	29.2	YES	663
22	1.23	47	57.8	16.8	7.26	27.3	YES	638
23	1.14	47	53.6	16.5	7.23	27.3	YES	644
24								
25								
26	1.03	47	48.4	17.7	7.28	25.3	YES	676
27	1.15	47	54.1	17.4	7.33	26.7	YES	651
28	1.23	47	57.8	17.2	7.34	27.4	YES	663
29	1.18	47	55.5	17.5	7.27	26.0	YES	668
30	1.26	47	59.2	17.7	7.39	27.1	YES	647
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