

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Benton  
 Month/Year: Jul-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							
2							
3			0.08	0.08	0.08		0.08
4			0.07	0.08	0.07		0.08
5			0.08	0.07	0.07		0.08
6			0.07	0.07	0.07		0.07
7			0.07	0.07	0.07		0.07
8							
9							
10			0.09	0.09	0.07		0.09
11			0.08	0.08	0.08		0.08
12			0.08	0.07	0.07		0.08
13			0.07	0.07	0.07		0.07
14			0.08	0.08	0.08		0.08
15							
16							
17			0.09	0.09	0.09		0.09
18			0.08	0.07	0.08		0.08
19			0.08	0.08	0.08		0.08
20			0.07	0.08	0.08		0.07
21			0.07	0.07	0.07		0.07
22							
23							
24			0.08	0.09	0.09		0.09
25			0.08	0.08	0.08		0.08
26			0.08	0.08	0.08		0.08
27			0.07	0.08	0.07		0.08
28			0.07	0.07	0.07		0.07
29							
30							
31			0.08	0.09	0.08		0.09

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)
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: 	AUG 10TH 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 - :

System Name:	Adair Village	ID#: 41 00003	Month/Year:	Jul-23	Disinfection <i>Giardia</i> Log Inactive:	1
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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								
2								
3	1.07	47	50.3	17.9	7.42	26.4	YES	663
4	1.09	47	51.2	17.7	7.37	26.4	YES	668
5	1.14	47	53.6	18.2	7.44	26.3	YES	654
6	1.11	47	52.2	18.9	7.46	25.2	YES	657
7	1.03	47	48.4	18.4	7.32	24.5	YES	647
8								
9								
10	0.95	47	44.7	18.6	7.33	24.1	YES	668
11	0.98	47	46.1	18.9	7.44	24.6	YES	663
12	1.05	47	49.4	18.4	7.42	25.5	YES	657
13	1.14	47	53.6	19.3	7.36	23.7	YES	643
14	1.17	47	55.0	19.7	7.33	22.9	YES	638
15								
16								
17	0.97	47	45.6	20.2	7.35	21.8	YES	664
18	1.04	47	48.9	20.4	7.36	21.8	YES	666
19	1.24	47	58.3	20.2	7.27	21.8	YES	657
20	1.17	47	55.0	20.8	7.38	21.7	YES	655
21	1.07	47	50.3	21.4	7.34	20.3	YES	644
22								
23								
24	0.97	47	45.6	21.2	7.42	20.9	YES	655
25	0.93	47	43.7	20.8	7.37	21.0	YES	648
26	1.03	47	48.4	21.6	7.36	20.1	YES	644
27	1.11	47	52.2	21.2	7.34	20.6	YES	638
28	1.15	47	54.1	21.5	7.31	20.1	YES	632
29								
30								
31	1.03	47	48.4	21.7	7.48	20.8	YES	668

<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