

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Benton**  
 Month/Year: **Aug-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			0.07	0.06	0.06		0.07
2			0.07	0.07	0.07		0.07
3			0.07	0.07	0.07		0.07
4			0.08	0.08	0.07		0.08
5							
6							
7			0.09	0.09	0.07		0.09
8			0.09	0.09	0.08		0.09
9			0.08	0.08	0.08		0.08
10			0.08	0.07	0.07		0.08
11			0.08	0.08	0.07		0.07
12							
13							
14			0.08	0.07	0.07		0.08
15			0.07	0.07	0.06		0.07
16			0.07	0.06	0.06		0.07
17			0.06	0.06	0.06		0.06
18			0.07	0.07	0.06		0.07
19							
20							
21			0.08	0.08	0.08		0.08
22			0.08	0.08	0.07		0.08
23			0.08	0.08	0.07		0.08
24			0.09	0.08	0.07		0.09
25			0.09	0.09	0.08		0.09
26							
27							
28			0.08	0.07	0.07		0.08
29			0.07	0.07	0.07		0.07
30			0.07	0.07	0.07		0.07
31			0.07	0.06	0.06		0.07

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <span style="float: right;">Yes/No</span>	CT's met everyday? (see back) <span style="float: right;">Yes/No</span>	All Cl2 residual at entry point ≥ 0.2 mg/l? <span style="float: right;">Yes/No</span>
All 4-hour turbidity readings ≤ 1 NTU? <span style="float: right;">Yes/No</span>		
All turbidity readings < IFE <sup>2</sup> triggers <span style="float: right;">Yes/No</span>		

Notes:	PRINTED NAME: <b>Matt Lydon</b>	
	SIGNATURE: <i>Matt Lydon</i>	DATE:
	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:	Aug-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	1.04	47	48.9	21.4	7.47	21.2	YES	657
2	1.02	47	47.9	21.2	7.44	21.2	YES	644
3	1.09	47	51.2	21.5	7.80	24.0	YES	636
4	1.14	47	53.6	21.7	7.38	20.3	YES	645
5								
6								
7	0.98	47	46.1	21.2	7.37	20.6	YES	668
8	0.97	47	45.6	21.4	7.27	19.5	YES	654
9	1.05	47	49.4	21.5	7.25	19.4	YES	650
10	1.13	47	53.1	21.6	7.33	20.1	YES	648
11	1.18	47	55.5	21.2	7.36	21.0	YES	641
12								
13								
14	0.96	47	45.1	20.7	7.44	21.8	YES	663
15	0.98	47	46.1	21.2	7.45	21.2	YES	651
16	1.04	47	48.9	21.3	7.39	20.7	YES	644
17	1.03	47	48.4	21.6	7.45	20.7	YES	638
18	1.09	47	51.2	21.4	7.48	21.4	YES	634
19								
20								
21	1.07	47	50.3	20.9	7.43	21.7	YES	654
22	1.13	47	53.1	20.7	7.40	21.9	YES	667
23	1.15	47	54.1	21.3	7.35	20.7	YES	655
24	1.06	47	49.8	21.4	7.48	21.3	YES	640
25	1.04	47	48.9	21.1	7.46	21.6	YES	635
26								
27								
28	1.13	47	53.1	21.5	7.33	20.2	YES	675
29	1.11	47	52.2	21.1	7.39	21.2	YES	668
30	1.07	47	50.3	21.4	7.34	20.3	YES	657
31	1.06	47	49.8	20.8	7.29	20.7	YES	646

<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