


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Benton

Conventional or Direct Filtration

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

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l?
All turbidity readings < IFE ² triggers	Yes / No	Yes / No
Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: 	DATE: 1/9/24
	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: 23-Dec	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	1.03	47	48.4	14.2	7.38	33.2	YES	663
2								
3								
4	0.97	47	45.6	13.8	7.34	33.4	YES	668
5								
6	1.07	47	50.3	13.6	7.42	35.2	YES	654
7								
8	1.04	47	48.9	13.6	7.47	35.8	YES	652
9								
10								
11	0.95	47	44.7	13.2	7.42	35.7	YES	670
12								
13	1.09	47	51.2	13.4	7.36	35.0	YES	667
14								
15	1.05	47	49.4	13.2	7.35	35.2	YES	656
16								
17								
18	0.92	47	43.2	12.8	7.27	34.5	YES	672
19								
20	0.97	47	45.6	12.5	7.33	36.2	YES	667
21								
22	1.14	47	53.6	12.6	7.38	37.4	YES	654
23								
24								
25								
26								
27	0.93	47	43.7	12.2	7.27	36.5	YES	678
28								
29	1.07	47	50.3	12.4	7.36	37.7	YES	665
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:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350