

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Benton  
 Month/Year: Jan-24

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			0.08	0.07	0.07		0.08
2							
3			0.08	0.08	0.08		0.08
4							
5			0.08	0.08	0.07		0.08
6							
7							
8			0.09	0.07	0.07		0.09
9							
10			0.07	0.06	0.06		0.07
11							
12			0.07	0.07	0.07		0.07
13							
14							
15							
16							
17			0.09	0.09	0.08		0.09
18							
19			0.08	0.07	0.07		0.08
20							
21							
22			0.07	0.06	0.06		0.07
23							
24			0.07	0.07	0.06		0.07
25							
26			0.06	0.07	0.06		0.07
27							
28							
29			0.08	0.08	0.08		0.08
30							
31			0.08	0.07	0.07		0.08

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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: 	2/9/2023
	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: Disinfection *Giardia* Log Inactive: 1

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
1	1.04	47	48.9	12.2	7.47	39.5	YES	665
2								
3	1.07	47	50.3	12.2	7.43	39.1	YES	663
4								
5	1.17	47	55.0	11.8	7.45	40.9	YES	654
6								
7								
8	1.04	47	48.9	11.7	7.33	38.9	YES	663
9								
10	0.98	47	46.1	11.8	7.34	38.5	YES	668
11								
12	1.1	47	51.7	11.4	7.28	39.3	YES	655
13								
14								
15								
16								
17	0.97	47	45.6	10.4	7.27	41.2	YES	657
18								
19	1.13	47	53.1	10.2	7.25	42.2	YES	674
20								
21								
22	0.95	47	44.7	10.3	7.45	44.0	YES	662
23								
24	1.15	47	54.1	10.4	7.37	43.5	YES	648
25								
26	1.18	47	55.5	9.8	7.35	45.1	YES	637
27								
28								
29	1.04	47	48.9	10.3	7.43	44.2	YES	664
30								
31	1.23	47	57.8	10.4	7.45	45.1	YES	643

<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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350