

OHA - Drinking Water Services -Turbidity Monitoring Report Form

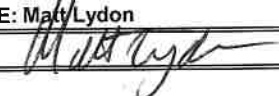
County: Benton

Conventional or Direct Filtration

Month/Year: Jul-24

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

Disinfection *Giardia*  
Log Inactive:

1

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	1.09	47	51.2	16.6	7.33	28.0	YES	667
2	1.08	47	50.8	16.8	7.35	27.8	YES	665
3	1.12	47	52.6	17.2	7.39	27.6	YES	663
4	1.17	47	55.0	17.4	7.34	26.8	YES	654
5	1.13	47	53.1	17.1	7.44	28.3	YES	641
6								
7								
8	1.02	47	47.9	17.7	7.44	26.8	YES	662
9	1.06	47	49.8	17.9	7.38	26.0	YES	667
10	1.06	47	49.8	18.4	7.37	25.1	YES	653
11	1.05	47	49.4	18.2	7.34	25.1	YES	648
12	1.08	47	50.8	18.8	7.37	24.5	YES	637
13								
14								
15	1.04	47	48.9	19.6	7.44	23.7	YES	665
16	1.12	47	52.6	19.3	7.41	24.1	YES	668
17	1.17	47	55.0	19.9	7.37	22.9	YES	667
18	1.24	47	58.3	20.1	7.35	22.7	YES	654
19	1.15	47	54.1	20.2	7.32	22.0	YES	641
20								
21								
22	1.04	47	48.9	20.4	7.41	22.2	YES	663
23	1.11	47	52.2	20.1	7.45	23.2	YES	660
24	1.07	47	50.3	20.2	7.44	22.8	YES	644
25	1.03	47	48.4	20.1	7.38	22.4	YES	640
26	1.14	47	53.6	20.3	7.44	22.8	YES	635
27								
28								
29	1.02	47	47.9	20.2	7.39	22.3	YES	660
30	1.15	47	54.1	19.8	7.41	23.4	YES	665
31	1.18	47	55.5	20.1	7.43	23.2	YES	659

<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