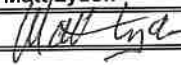


OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Benton**
 Month/Year: **Oct-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 ¹ [NTU]
1			0.08	0.08	0.07		0.08
2			0.08	0.07	0.07		0.08
3							
4			0.07	0.06	0.06		0.07
5							
6							
7			0.08	0.08	0.08		0.08
8							
9			0.09	0.09	0.08		0.09
10							
11			0.07	0.06	0.06		0.07
12							
13							
14			0.08	0.08	0.07		0.08
15							
16			0.07	0.07	0.07		0.07
17							
18			0.08	0.07	0.07		0.08
19							
20							
21			0.09	0.09	0.09		0.09
22							
23			0.09	0.09	0.08		0.09
24							
25			0.08	0.07	0.07		0.08
26							
27							
28			0.08	0.07	0.06		0.08
29							
30			0.07	0.07	0.07		0.07
31							

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

Notes:	PRINTED NAME: Matt Lydon	
	SIGNATURE: 	DATE: 11/4/24
	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:

24-Oct

Disinfection *Giardia*
Log Inactive:

1

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1.14	74	84.4	17.2	7.36	27.3	YES	634
2	1.21	74	89.5	17.1	7.38	27.9	YES	638
3								
4	1.12	74	82.9	17.2	7.42	27.9	YES	640
5								
6								
7	0.98	74	72.5	16.4	7.44	29.1	YES	652
8								
9	1.07	74	79.2	16.1	7.43	29.9	YES	658
10								
11	1.19	74	88.1	15.8	7.41	30.7	YES	641
12								
13								
14	0.97	74	71.8	16.0	7.37	29.1	YES	656
15								
16	1.14	74	84.4	16.2	7.47	30.4	YES	647
17								
18	1.16	74	85.8	15.7	7.32	29.8	YES	644
19								
20								
21	1.03	74	76.2	15.4	7.34	30.2	YES	661
22								
23	1.14	74	84.4	15.0	7.31	31.1	YES	643
24								
25	1.17	74	86.6	14.8	7.36	32.2	YES	633
26								
27								
28	1.06	74	78.4	15.0	7.44	32.3	YES	659
29								
30	1.15	74	85.1	15.2	7.36	31.2	YES	643
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.dmca@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350