


**OHA - Drinking Water Program - Turbidity Monitoring Report Form**      **County: Benton**  
**Conventional or Direct Filtration**

**System Name: Corvallis, City of**      **ID#: OR4100225 WTP:-WTP-A**      **Month/Year: Jan / 2021**

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	Off	Off	Off	Off	Off	Off	Off
2	Off	Off	Off	0.03	0.02	Off	0.03
3	Off	Off	0.03	0.02	0.02	Off	0.03
4	Off	Off	0.02	0.03	0.02	Off	0.05
5	Off	Off	0.02	0.02	0.03	Off	0.03
6	Off	Off	0.02	0.02	0.02	Off	0.03
7	Off	Off	0.02	0.02	0.02	Off	0.03
8	Off	Off	0.03	0.02	0.02	Off	0.03
9	Off	Off	0.02	Off	0.02	Off	0.03
10	Off	Off	0.03	0.02	Off	Off	0.03
11	Off	Off	0.02	0.02	0.02	Off	0.03
12	Off	Off	0.02	0.02	0.02	Off	0.11
13	Off	Off	Off	0.02	0.02	Off	0.03
14	Off	Off	0.03	0.02	0.02	Off	0.03
15	Off	Off	0.02	0.02	0.02	Off	0.03
16	Off	Off	0.02	0.02	0.02	Off	0.03
17	Off	Off	0.02	0.02	0.02	Off	0.03
18	Off	Off	Off	Off	Off	Off	Off
19	Off	Off	0.03	0.02	0.02	Off	0.04
20	Off	Off	0.03	0.03	0.03	Off	0.03
21	Off	Off	0.03	0.03	0.03	Off	0.03
22	Off	Off	0.03	0.03	Off	Off	0.03
23	Off	Off	0.03	0.03	Off	Off	0.04
24	Off	Off	0.03	0.03	0.03	Off	0.03
25	Off	Off	0.03	0.03	0.03	Off	0.03
26	Off	Off	Off	0.03	0.03	Off	0.04
27	Off	Off	0.03	0.03	0.03	Off	0.04
28	Off	Off	0.03	0.03	0.03	Off	0.03
29	Off	Off	0.03	0.03	0.03	Off	0.03
30	Off	Off	0.03	0.03	0.03	Off	0.04
31	Off	Off	Off	0.03	0.03	Off	0.04

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of the 4-hour turbidity readings $\leq$ 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 Cl <sub>2</sub> residuals at entry point $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes/ <input type="radio"/> No	
All the 4-hour turbidity readings $\leq$ 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 <sup>2</sup>			
<b>Notes:</b>	<b>PRINTED NAME:</b> Tom Hubbard		
	<b>SIGNATURE:</b> 	<b>DATE:</b> 2-4-21	
	<b>PHONE #:</b> (541) 754-1758	<b>CERT #:</b> T-08804	

<sup>1</sup> Including continuous turbidity 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 = Individual Filter Effluent (OAR 333-061-0040 (1) (e) (B&C))

**OHA - Drinking Water Program - Surface Water Quality Data Form**

**Corvallis, City of**    **ID#: 41 00225 WTP-: WTP - A**    **Month/Year: Jan / 2021**    Required Log Inactivation: 0.5

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		Use tables	Yes / No	[GPM]
01 / Off <sup>1</sup>							Off <sup>1</sup>	
02 / 1058	1.16	58.0	67	7	7.1	31	Yes	10000
03 / 0741	1.34	69.0	92	8	7.1	31	Yes	8100
04 / 1007	1.23	76.0	93	8	7.1	31	Yes	7600
05 / 0907	1.27	72.0	91	8	7.1	31	Yes	8000
06 / 1222	1.30	80.0	104	8	7.2	31	Yes	7200
07 / 1016	1.26	88.0	111	8	7.1	31	Yes	6400
08 / 1354	1.25	80.0	100	8	7.2	31	Yes	7300
09 / 1456	1.19	64.0	76	8	7.2	31	Yes	8800
10 / 1201	1.27	69.0	88	7	7.2	31	Yes	8100
11 / 1054	1.27	64.0	81	7	7.1	31	Yes	9000
12 / 0847	1.27	55.0	70	8	7.1	31	Yes	10200
13 / 1446	1.21	76.0	92	9	7.1	31	Yes	7600
14 / 1114	1.25	59.0	74	9	7.2	31	Yes	9700
15 / 0735	1.21	80.0	97	9	7.2	31	Yes	7200
16 / 1300	1.30	54.0	70	9	7.2	31	Yes	10800
17 / 1003	1.24	55.0	68	9	7.2	31	Yes	10400
18 / Off <sup>1</sup>							Off <sup>1</sup>	
19 / 1501	1.26	55.0	69	8	7.2	31	Yes	10300
20 / 0721	1.23	68.0	84	8	7.2	31	Yes	8700
21 / 1526	1.32	72.0	95	7	7.2	31	Yes	8000
22 / 1314	1.26	80.0	101	7	7.2	31	Yes	7300
23 / 1105	1.30	58.0	75	7	7.2	31	Yes	9800
24 / 1241	1.22	72.0	88	7	7.2	31	Yes	7900
25 / 1241	1.22	69.0	84	6	7.2	31	Yes	9200
26 / 1518	1.22	83.0	101	6	7.2	31	Yes	6900
27 / 0826	1.14	72.0	82	6	7.3	31	Yes	7800
28 / 1334	1.24	72.0	89	6	7.2	31	Yes	7900
29 / 1021	1.24	72.0	89	6	7.2	31	Yes	7800
30 / 1402	1.28	76.0	97	7	7.2	31	Yes	7600
31 / 1438	1.28	88.0	113	8	7.2	31	Yes	6400

<sup>1</sup>Plant Offline

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.