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: Mar / 2021**

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

Conventional or Direct Filtration

95% of the 4-hour turbidity readings ≤ 0.3 NTU? (Yes) No
All the 4-hour turbidity readings ≤ 1 NTU? (Yes) No
All turbidity readings < IFE[2] triggers? (Yes) No[2]

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) No

All Cl_2 residuals at entry point ≥ 0.2 mg/l? (Yes) No

Notes:

PRINTED NAME: Tom Hubbard

SIGNATURE: [signature] **DATE:** 4-5-2021

PHONE #: (541) 754-1758 **CERT #:** T-08804

[1] 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.

[2] 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: Mar / 2021** Required Log Inactivation: 0.5

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		Use tables	Yes / No	[GPM]
01 / 1136	1.21	76.0	92	8	7.0	25	Yes	7500
02 / 1525	1.26	63.0	79	9	7.0	26	Yes	9300
03 / 1129	1.15	68.0	78	9	7.0	25	Yes	8500
04 / 0706	1.24	64.0	79	9	6.9	25	Yes	8800
05 / 1426	1.19	83.0	99	9	6.9	25	Yes	6700
06 / 1159	1.25	76.0	95	8	6.9	26	Yes	7400
07 / 1140	1.19	72.0	86	8	6.9	25	Yes	7900
08 / 1102	1.29	76.0	98	8	6.9	26	Yes	7400
09 / 0707	1.19	64.0	76	9	7.0	25	Yes	8800
10 / 0733	1.20	83.0	100	8	7.0	25	Yes	6500
11 / 1321	1.25	76.0	95	8	6.9	26	Yes	7600
12 / 0852	1.42	72.0	102	8	6.9	26	Yes	7900
13 / 0739	1.14	83.0	95	9	7.0	25	Yes	6900
14 / 1151	1.22	80.0	98	10	6.9	19	Yes	7100
15 / 1122	1.22	76.0	93	9	6.8	25	Yes	7400
16 / 0807	1.26	72.0	91	9	6.9	26	Yes	7700
17 / 0753	1.30	72.0	94	9	7.0	26	Yes	7700
18 / 1445	1.01	76.0	77	10	7.0	19	Yes	7500
19 / 1036	1.28	72.0	92	9	7.0	26	Yes	7700
20 / 0711	1.10	83.0	91	9	7.0	25	Yes	6800
21 / 0908	1.23	88.0	108	9	6.9	25	Yes	6500
22 / 0757	1.28	76.0	97	9	7.1	31	Yes	7400
23 / 0810	1.23	80.0	98	9	6.9	25	Yes	7200
24 / 1508	1.17	76.0	89	9	7.2	31	Yes	7600
25 / 0732	1.23	88.0	108	9	7.2	31	Yes	6600
26 / 1220	1.28	92.0	118	9	7.2	31	Yes	6100
27 / 1021	1.17	92.0	108	9	6.9	25	Yes	6200
28 / 1302	1.34	72.0	96	10	7.0	19	Yes	7800
29 / 0849	1.26	69.0	87	10	6.8	19	Yes	8100
30 / 1006	1.23	83.0	102	10	6.8	19	Yes	6900
31 / 0716	1.14	64.0	73	10	6.9	19	Yes	9000

[3] If Cl2 at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.

Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf