


**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:    Apr / 2021**

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day ' (NTU)
1	Off	Off	0.02	0.02	0.02	Off	0.02
2	Off	Off	0.02	0.02	Off	Off	0.03
3	Off	Off	0.02	0.02	0.02	Off	0.03
4	Off	Off	Off	0.02	0.02	Off	0.04
5	Off	Off	0.02	0.02	0.02	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	0.02	0.03	Off	Off	0.04
9	Off	Off	0.03	0.03	0.03	Off	0.04
10	Off	Off	0.03	0.03	0.03	Off	0.05
11	Off	Off	Off	0.03	0.03	Off	0.04
12	Off	Off	Off	0.03	0.03	Off	0.03
13	Off	Off	0.03	0.03	0.03	Off	0.03
14	Off	Off	0.03	0.02	0.03	Off	0.03
15	Off	Off	0.03	0.03	0.03	Off	0.04
16	Off	Off	0.03	0.02	0.03	Off	0.03
17	Off	Off	0.03	0.02	0.03	Off	0.03
18	Off	Off	0.03	0.03	0.03	Off	0.03
19	Off	Off	0.03	0.03	0.03	Off	0.04
20	Off	Off	0.03	0.03	0.03	Off	0.04
21	Off	Off	0.03	0.03	0.03	Off	0.04
22	Off	Off	0.03	0.03	0.02	Off	0.04
23	Off	Off	0.02	0.02	0.03	Off	0.04
24	Off	Off	0.03	0.02	0.02	Off	0.04
25	Off	Off	0.03	0.02	Off	Off	0.05
26	Off	Off	0.02	0.03	0.02	Off	0.05
27	Off	Off	0.03	0.02	0.02	Off	0.04
28	Off	Off	0.02	0.02	0.05	Off	0.05
29	Off	Off	0.03	0.03	0.03	Off	0.06
30	Off	Off	0.03	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 ≤ 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 ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
All the 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			
<b>Notes:</b>	<b>PRINTED NAME:</b> Tom Hubbard		
	<b>SIGNATURE:</b> 	<b>DATE:</b> 5-5-21	
	<b>PHONE #:</b> (541) 754-1758	<b>CERT #:</b> 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: Apr / 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 / 0726	1.18	69.0	81	10	6.9	19	Yes	8100
02 / 1215	1.31	83.0	109	11	6.8	19	Yes	6800
03 / 1128	1.31	80.0	105	12	6.8	19	Yes	7200
04 / 1514	1.18	80.0	94	11	6.7	19	Yes	7000
05 / 1349	1.18	83.0	98	11	6.7	19	Yes	6900
06 / 1150	1.17	83.0	97	11	6.8	19	Yes	6900
07 / 0702	1.17	72.0	84	11	6.8	19	Yes	8000
08 / 1249	1.14	72.0	82	10	6.7	19	Yes	7800
09 / 1217	1.11	72.0	80	10	6.8	19	Yes	7800
10 / 1014	1.10	76.0	84	10	6.7	19	Yes	7400
11 / 1544	1.14	92.0	105	10	6.8	19	Yes	6100
12 / 1339	1.22	76.0	93	10	6.8	19	Yes	7400
13 / 1109	1.22	72.0	88	11	6.8	19	Yes	7900
14 / 0919	1.14	64.0	73	11	6.8	19	Yes	8800
15 / 0753	1.25	58.0	73	12	6.9	19	Yes	9800
16 / 1052	1.34	44.0	59	13	6.8	19	Yes	12900
17 / 0720	1.05	59.0	62	13	6.8	19	Yes	9400
18 / 1152	1.16	59.0	68	14	6.7	19	Yes	9700
19 / 0943	1.19	51.0	61	15	6.7	13	Yes	11400
20 / 0807	1.19	51.0	61	15	6.7	13	Yes	11200
21 / 0946	1.11	58.0	64	15	6.8	13	Yes	9900
22 / 0737	1.06	48.0	51	15	6.9	13	Yes	11900
23 / 0837	1.07	59.0	63	15	6.8	13	Yes	9700
24 / 1202	1.20	63.0	76	13	6.9	19	Yes	9300
25 / 0908	1.12	63.0	71	13	6.8	19	Yes	9300
26 / 0934	1.14	63.0	72	12	6.8	19	Yes	9100
27 / 1130	1.11	76.0	84	13	6.8	19	Yes	7500
28 / 0839	1.11	64.0	71	13	6.8	19	Yes	9000
29 / 1042	1.15	64.0	74	14	6.8	19	Yes	9000
30 / 1221	1.01	55.0	56	15	6.8	13	Yes	10300

<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.