


**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: Jun / 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	0.03	0.03	0.03	Off	0.03
2	Off	Off	0.03	0.03	0.03	Off	0.03
3	Off	Off	0.03	0.03	0.03	Off	0.03
4	Off	Off	0.03	0.03	0.03	Off	0.04
5	Off	Off	0.02	0.02	0.02	Off	0.04
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	0.03	0.03
9	Off	Off	0.02	0.02	0.02	0.02	0.04
10	Off	Off	0.02	0.02	0.03	Off	0.04
11	Off	Off	0.02	0.02	0.02	Off	0.04
12	Off	Off	0.02	0.02	0.03	Off	0.04
13	Off	Off	0.03	0.02	0.02	Off	0.03
14	Off	Off	0.02	0.03	0.03	Off	0.04
15	Off	Off	0.02	0.03	0.03	Off	0.04
16	Off	Off	0.02	0.02	0.02	Off	0.04
17	Off	Off	0.03	0.03	0.03	Off	0.03
18	Off	Off	0.03	0.03	0.03	Off	0.05
19	Off	Off	0.03	0.03	0.03	Off	0.06
20	Off	Off	0.03	0.03	0.03	Off	0.06
21	Off	Off	0.03	0.03	0.03	Off	0.06
22	Off	Off	0.03	0.03	0.03	0.03	0.05
23	Off	0.03	0.03	0.03	0.03	Off	0.04
24	Off	Off	0.02	0.03	0.03	Off	0.03
25	Off	Off	0.07	0.03	0.03	0.03	0.08
26	Off	Off	0.03	0.03	0.03	0.03	0.04
27	Off	Off	0.03	0.03	0.03	0.03	0.05
28	Off	Off	0.03	0.03	0.03	0.03	0.04
29	Off	Off	0.03	0.03	0.03	0.03	0.04
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	All the 4-hour turbidity readings ≤ 1 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 turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Notes:</b>	
		PRINTED NAME: Tom Hubbard	
		SIGNATURE: 	DATE: 7-7-21
		PHONE #: (541) 754-1758	CERT #: 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: Jun / 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 / 1816	1.25	48.0	60	20	6.7	10	Yes	12200
02 / 0800	1.05	46.0	48	19	6.7	13	Yes	12200
03 / 1039	1.05	46.0	48	19	6.7	13	Yes	12200
04 / 1202	1.14	48.0	55	18	6.6	13	Yes	12200
05 / 1348	1.13	46.0	52	18	6.6	13	Yes	12100
06 / 1131	1.13	49.0	55	16	6.6	13	Yes	11800
07 / 0940	1.11	49.0	54	15	6.6	13	Yes	11500
08 / 1307	1.14	46.0	52	15	6.7	13	Yes	12200
09 / 1413	1.20	46.0	55	16	6.7	13	Yes	12300
10 / 1050	1.21	44.0	53	16	6.7	13	Yes	13200
11 / 1319	1.08	48.0	52	16	6.7	13	Yes	12000
12 / 0859	1.17	49.0	57	16	6.7	13	Yes	11800
13 / 0728	1.06	54.0	57	17	6.6	13	Yes	10700
14 / 0653	1.21	55.0	67	17	6.6	13	Yes	10300
15 / 1026	1.20	54.0	65	17	6.6	13	Yes	10600
16 / 0954	1.13	59.0	67	18	6.6	13	Yes	9700
17 / 1304	1.01	55.0	56	18	6.7	13	Yes	11500
18 / 0822	1.03	46.0	47	19	6.7	13	Yes	12200
19 / 0542	1.14	48.0	55	20	6.7	10	Yes	11900
20 / 1622	1.10	48.0	53	19	6.8	13	Yes	12000
21 / 0951	1.05	46.0	48	19	6.8	13	Yes	12400
22 / 1753	1.13	48.0	54	20	6.7	10	Yes	12200
23 / 1003	0.96	46.0	44	19	6.7	13	Yes	12200
24 / 0859	0.97	48.0	47	19	6.6	13	Yes	12100
25 / 1538	1.10	46.0	51	20	6.7	10	Yes	12200
26 / 1317	0.93	46.0	43	21	6.7	9	Yes	12200
27 / 1948	1.03	48.0	49	23	6.7	9	Yes	12000
28 / 1110	1.00	45.0	45	22	6.7	9	Yes	12600
29 / 1526	0.97	46.0	45	21	6.7	9	Yes	12400
30 / 1036	0.86	46.0	40	20	6.6	9	Yes	12300

<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.