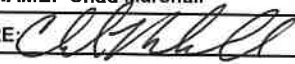


**OHA - Drinking Water Program - Turbidity Monitoring Report Form**     **County: Benton**  
**Conventional or Direct Filtration**

**System Name: Corvallis, City of**     **ID#: OR4100225 WTP:-WTP-A**     **Month/Year: May / 2023**

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	0.02	0.03	0.02	Off	0.03
2	Off	Off	0.03	0.03	0.02	Off	0.03
3	Off	Off	0.02	0.02	0.03	Off	0.03
4	Off	Off	0.02	0.02	0.03	Off	0.03
5	Off	Off	0.03	0.02	0.02	Off	0.03
6	Off	Off	0.03	0.03	Off	Off	0.03
7	Off	Off	0.03	0.02	0.02	Off	0.03
8	Off	Off	0.03	0.02	0.02	Off	0.03
9	Off	Off	0.03	0.02	0.02	Off	0.03
10	Off	Off	0.02	0.02	0.03	Off	0.03
11	Off	Off	0.03	0.02	0.02	Off	0.03
12	Off	Off	0.03	0.03	0.03	Off	0.03
13	Off	Off	0.03	0.03	0.03	Off	0.03
14	Off	Off	0.03	0.03	0.03	Off	0.03
15	Off	Off	0.03	0.03	0.03	0.03	0.03
16	Off	Off	0.03	0.03	0.03	0.03	0.03
17	Off	Off	0.03	0.03	0.03	Off	0.04
18	Off	Off	0.03	0.03	0.03	Off	0.03
19	Off	Off	0.03	0.03	0.03	Off	0.03
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	0.03	Off	0.03
23	Off	Off	0.03	0.03	0.03	Off	0.03
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	0.03	0.03	0.03	Off	0.03
27	Off	Off	0.03	0.03	0.03	Off	0.03
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	0.03
31	Off	Off	0.03	0.03	0.03	Off	0.03

<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? <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	(see back)		
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: Chad Marshall</b>	
		<b>SIGNATURE:</b> 	<b>DATE: 6/5/2023</b>
		<b>PHONE #: (541) 754-1758</b>	<b>CERT #: T-08843</b>

<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: May / 2023**    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 / 1215	1.10	76.0	84	11	6.8	19	Yes	7500
02 / 0929	1.22	68.0	83	11	6.9	19	Yes	8400
03 / 1148	1.21	72.0	87	10	6.9	19	Yes	7800
04 / 0705	1.16	72.0	84	11	7.0	19	Yes	7800
05 / 0703	1.13	80.0	90	11	6.9	19	Yes	7000
06 / 1116	1.13	98.0	111	11	6.8	19	Yes	5800
07 / 1206	1.19	80.0	95	11	6.8	19	Yes	7100
08 / 0715	1.12	92.0	103	11	7.0	19	Yes	6200
09 / 0714	1.16	80.0	93	11	6.8	19	Yes	7100
10 / 0921	1.21	76.0	92	11	6.9	19	Yes	7600
11 / 1239	0.99	68.0	67	13	6.9	19	Yes	8400
12 / 1148	1.17	59.0	69	13	6.9	19	Yes	9400
13 / 0857	1.14	54.0	62	14	6.8	19	Yes	10500
14 / 1244	1.11	46.0	51	15	6.9	13	Yes	12200
15 / 0834	1.26	49.0	62	15	6.8	13	Yes	11700
16 / 0621	1.32	42.0	55	15	6.8	13	Yes	13800
17 / 0607	1.37	46.0	63	15	6.9	13	Yes	12400
18 / 0814	1.24	43.0	53	15	6.8	13	Yes	13500
19 / 1254	1.23	52.0	64	15	6.8	13	Yes	11000
20 / 0919	1.22	48.0	59	16	6.8	13	Yes	12100
21 / 0717	1.02	48.0	49	16	6.8	13	Yes	12000
22 / 1216	1.14	48.0	55	13	6.7	19	Yes	12100
23 / 1411	1.13	46.0	52	13	6.7	19	Yes	12200
24 / 1143	1.13	51.0	58	13	6.8	19	Yes	11400
25 / 1353	1.21	42.0	51	14	6.9	19	Yes	13500
26 / 1038	1.17	42.0	49	15	6.8	13	Yes	13300
27 / 0703	1.01	42.0	42	16	6.9	13	Yes	13500
28 / 1104	1.23	49.0	60	15	6.8	13	Yes	11700
29 / 0704	1.11	46.0	51	16	6.8	13	Yes	11800
30 / 0634	1.01	48.0	48	16	6.8	13	Yes	11900
31 / 0628	1.03	52.0	54	16	6.9	13	Yes	11000

<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.