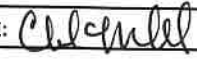


OHA - Drinking Water Program - Turbidity Monitoring Report Form **County: Benton**
Conventional or Direct Filtration

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

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	0.03	Off	0.03
3	Off	Off	0.02	0.02	0.02	Off	0.03
4	Off	Off	0.02	0.02	0.02	Off	0.03
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	0.02	0.02	Off	0.02
9	Off	Off	0.02	0.02	0.02	Off	0.03
10	Off	Off	0.02	0.02	0.02	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	0.03
13	Off	Off	0.02	0.02	0.02	Off	0.02
14	Off	Off	0.02	0.02	0.02	Off	0.02
15	Off	Off	0.02	0.02	0.03	Off	0.03
16	Off	Off	0.03	0.02	0.02	Off	0.03
17	Off	Off	0.02	0.02	0.03	Off	0.03
18	Off	Off	0.02	0.03	0.03	Off	0.03
19	Off	Off	0.02	0.02	0.02	0.02	0.03
20	Off	Off	0.02	0.02	0.03	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	0.02	Off	0.03
24	Off	Off	0.02	0.02	0.02	Off	0.03
25	Off	Off	0.03	0.02	0.02	Off	0.03
26	Off	Off	0.02	0.02	0.02	Off	0.03
27	Off	Off	0.02	0.02	0.02	Off	0.03
28	Off	Off	0.02	0.02	0.02	Off	0.03
29	Off	Off	0.02	0.02	0.02	Off	0.03
30	Off	Off	0.02	0.02	0.02	Off	0.03
31	Off	Off	0.02	0.02	0.02	Off	0.03

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
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 ₂ 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 ² triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No ²			
Notes:	PRINTED NAME: Chad Marshall		
	SIGNATURE: 	DATE: 8/4/2023	
	PHONE #: (541) 754-1758	CERT #: T-08843	

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: Jul / 2023** 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? ^a	Peak Hourly Demand Flow
	ppm or mg/L	minutes	C X T	° C		Use tables	Yes / No	[GPM]
01 / 0641	1.18	43.0	51	21	6.5	8	Yes	13500
02 / 1237	1.22	43.0	52	19	6.7	13	Yes	13500
03 / 0559	1.20	42.0	50	20	6.7	10	Yes	13500
04 / 1003	1.22	42.0	51	19	6.7	13	Yes	13700
05 / 0957	1.29	42.0	54	19	6.7	13	Yes	13700
06 / 0817	1.32	42.0	55	20	6.6	10	Yes	13700
07 / 0653	1.21	42.0	51	21	6.5	8	Yes	13600
08 / 0644	1.21	46.0	56	20	6.5	8	Yes	12200
09 / 1552	1.22	45.0	55	19	6.6	13	Yes	12800
10 / 0814	1.18	45.0	53	19	6.6	13	Yes	12600
11 / 1329	1.24	45.0	56	18	6.8	13	Yes	12600
12 / 1712	1.30	39.0	51	21	6.8	10	Yes	14900
13 / 1036	1.21	43.0	52	20	6.8	10	Yes	13400
14 / 1342	1.26	40.0	50	20	6.8	10	Yes	14200
15 / 0618	1.20	40.0	48	22	6.6	10	Yes	14400
16 / 1125	1.28	40.0	51	20	6.8	10	Yes	14300
17 / 0910	1.31	41.0	54	21	6.7	10	Yes	14000
18 / 0602	1.30	45.0	59	22	6.7	10	Yes	12800
19 / 0632	1.19	43.0	51	21	6.6	10	Yes	13400
20 / 1448	1.25	43.0	54	20	6.7	10	Yes	13300
21 / 1033	1.27	43.0	55	20	6.7	10	Yes	13500
22 / 0538	1.17	43.0	50	22	6.7	10	Yes	13500
23 / 1205	1.25	43.0	54	21	6.7	10	Yes	13500
24 / 1035	1.24	44.0	55	21	6.7	10	Yes	13200
25 / 0819	1.25	40.0	50	21	6.7	10	Yes	14400
26 / 0725	1.24	41.0	51	21	6.7	10	Yes	14000
27 / 1107	1.25	40.0	50	20	6.8	10	Yes	14200
28 / 0750	1.29	41.0	53	20	6.7	10	Yes	14000
29 / 0924	1.23	42.0	52	20	6.7	10	Yes	13700
30 / 1244	1.23	42.0	52	20	6.8	10	Yes	13900
31 / 1741	1.26	42.0	53	21	6.8	10	Yes	13800

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