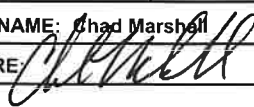


OHA - Drinking Water Program - Turbidity Monitoring Report Form **County: Benton**
Conventional or Direct Filtration

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

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	0.02	0.02	0.02	Off	0.03
2	Off	Off	0.02	0.02	0.02	Off	0.03
3	Off	Off	0.02	0.03	0.02	Off	0.03
4	Off	Off	0.03	0.02	0.02	Off	0.04
5	Off	Off	0.02	0.02	Off	Off	0.04
6	Off	Off	0.02	0.03	0.03	Off	0.03
7	Off	Off	0.03	0.03	0.03	Off	0.03
8	Off	Off	Off	0.03	0.03	Off	0.03
9	Off	Off	Off	0.03	0.03	Off	0.03
10	Off	Off	0.03	0.03	0.03	Off	0.03
11	Off	Off	0.02	0.03	0.03	Off	0.03
12	Off	Off	0.02	0.03	0.02	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	Off	0.03	0.03	Off	0.03
16	Off	Off	0.03	0.03	0.03	Off	0.03
17	Off	Off	0.03	0.03	0.03	Off	0.03
18	Off	Off	0.02	0.02	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	0.02	0.03	Off	0.03
23	Off	Off	0.02	0.03	Off	Off	0.03
24	Off	Off	Off	0.03	0.03	Off	0.03
25	Off	Off	Off	0.02	0.02	Off	0.03
26	Off	Off	0.03	0.03	0.02	Off	0.03
27	Off	Off	0.02	0.02	0.03	Off	0.03
28	Off	Off	0.02	0.03	0.03	Off	0.03
29	Off	Off	0.03	0.02	0.02	Off	0.03
30	Off	Off	0.03	0.02	0.03	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 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		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
Notes:		PRINTED NAME: Chad Marshall	DATE: 12/7/2023
		SIGNATURE: 	CERT #: T-08843
		PHONE #: (541) 754-1758	

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: Nov / 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? ³	Peak Hourly Demand Flow
	ppm or mg/L	minutes	C X T	° C		Use tables	Yes / No	[GPM]
01 / 1143	1.29	88.0	114	10	6.7	19	Yes	6600
02 / 1437	1.30	69.0	90	11	6.7	19	Yes	8200
03 / 1137	1.24	69.0	86	12	6.7	19	Yes	8100
04 / 0820	1.20	88.0	106	12	6.9	19	Yes	6500
05 / 1106	1.23	88.0	108	12	6.9	19	Yes	6500
06 / 1231	1.19	72.0	86	12	7.0	19	Yes	7800
07 / 0728	1.16	72.0	84	12	6.9	19	Yes	7700
08 / 1335	1.25	68.0	85	11	6.8	19	Yes	8400
09 / 1143	1.22	72.0	88	10	6.8	19	Yes	8000
10 / 1549	1.24	69.0	86	10	6.9	19	Yes	8100
11 / 0656	1.24	76.0	94	10	6.9	19	Yes	7600
12 / 1042	1.18	83.0	98	10	6.9	19	Yes	6700
13 / 0858	1.17	83.0	97	10	6.9	19	Yes	6600
14 / 1425	1.20	72.0	86	10	7.0	19	Yes	7600
15 / 1324	1.29	76.0	98	10	7.0	19	Yes	7500
16 / 1117	1.26	80.0	101	10	7.0	19	Yes	7200
17 / 0906	1.24	72.0	89	10	6.9	19	Yes	7800
18 / 0710	1.37	92.0	126	10	7.1	23	Yes	6000
19 / 1223	1.11	76.0	84	9	6.9	25	Yes	7400
20 / 0709	1.31	69.0	90	9	6.9	26	Yes	8300
21 / 1055	1.13	80.0	90	9	6.9	25	Yes	7000
22 / 0834	1.29	72.0	93	8	6.9	26	Yes	7700
23 / 0618	1.39	72.0	100	9	7.0	26	Yes	7800
24 / 1213	1.24	98.0	122	8	6.9	25	Yes	5800
25 / 1320	1.23	88.0	108	8	6.9	25	Yes	6500
26 / 1133	1.27	80.0	102	7	7.0	26	Yes	7200
27 / 0755	1.22	92.0	112	6	7.0	25	Yes	6200
28 / 1122	1.19	83.0	99	6	7.0	25	Yes	6700
29 / 0914	1.27	88.0	112	6	7.0	26	Yes	6500
30 / 1424	1.21	68.0	82	6	7.1	31	Yes	8400

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