

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

System Name: Corvallis, City of ID#: 41 00225 WTP-: WTP - B							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 Day¹ (NTU)
1	0.03	0.03	0.03	0.03	0.04	0.03	0.05
2	0.03	0.03	0.03	0.03	0.04	0.03	0.05
3	0.03	0.03	0.03	0.03	0.04	0.03	0.10
4	0.03	0.03	0.03	0.03	0.04	0.03	0.05
5	0.03	0.03	0.03	0.03	0.04	0.03	0.05
6	0.03	0.03	0.03	0.03	0.03	0.03	0.05
7	0.03	0.03	0.03	0.03	0.03	0.03	0.05
8	0.03	0.03	0.03	0.03	0.04	0.03	0.07
9	0.03	0.03	0.03	0.03	0.04	0.03	0.05
10	0.03	0.03	0.03	0.03	0.05	0.04	0.06
11	0.03	0.03	0.03	0.03	0.03	0.03	0.05
12	0.03	0.03	0.03	0.03	0.05	0.03	0.05
13	0.03	0.03	0.03	0.03	0.04	0.03	0.05
14	0.03	0.03	0.03	0.03	0.04	0.03	0.05
15	0.03	0.03	0.03	0.02	0.04	0.03	0.05
16	0.03	0.03	0.03	0.03	0.04	0.03	0.05
17	0.03	0.03	0.03	0.03	0.04	0.03	0.05
18	0.03	0.03	0.03	0.03	0.03	0.03	0.06
19	0.03	0.03	0.03	0.03	0.03	0.03	0.06
20	0.03	0.03	0.03	0.03	0.04	0.03	0.06
21	0.03	0.03	0.03	0.03	0.03	0.03	0.05
22	0.03	0.03	0.03	0.03	0.03	0.03	0.05
23	0.03	0.03	0.03	0.03	0.03	0.03	0.06
24	0.03	0.03	0.03	0.02	0.04	0.03	0.06
25	0.03	0.03	0.03	0.03	0.04	0.03	0.07
26	0.03	0.03	0.03	0.03	0.04	0.03	0.06
27	0.03	0.03	0.03	0.03	0.04	0.03	0.06
28	0.03	0.03	0.03	0.03	0.04	0.03	0.06
29	0.03	0.03	0.03	0.03	0.03	0.03	0.05
30	0.03	0.03	0.03	0.03	0.04	0.03	0.06
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)			
95% of the 4-hour turbidity readings \leq 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No				CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
All the 4-hour turbidity readings \leq 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No				All Cl ₂ residuals at entry point \geq 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²							
Notes:				PRINTED NAME: Tom Hubbard			
				SIGNATURE: 		DATE: 5-5-21	
				PHONE #: (541) 754-1758		CERT #: T-08804	

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 - B		Month/Year: Apr / 2021					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 / 1600	1.06	64	68	9	7.4	31	Yes	1597
02 / 1600	1.09	64	70	10	7.4	23	Yes	1597
03 / 1600	1.03	66	68	10	7.3	22	Yes	1528
04 / 1600	1.12	64	72	10	7.3	23	Yes	1597
05 / 1600	1.12	66	74	10	7.3	23	Yes	1528
06 / 1600	1.09	64	70	10	7.4	23	Yes	1597
07 / 1200	1.07	64	68	10	7.3	23	Yes	1597
08 / 1200	1.03	64	66	10	7.3	22	Yes	1597
09 / 1600	0.93	64	60	10	7.4	22	Yes	1597
10 / 1200	1.02	64	65	10	7.3	22	Yes	1597
11 / 1600	1.04	64	67	10	7.3	22	Yes	1597
12 / 1600	1.03	66	68	10	7.3	22	Yes	1528
13 / 1200	1.05	64	67	10	7.4	23	Yes	1597
14 / 1600	1.02	64	65	10	7.5	22	Yes	1597
15 / 1600	1.06	64	68	10	7.3	23	Yes	1597
16 / 1600	1.07	62	66	11	7.4	23	Yes	1667
17 / 1200	1.07	64	68	12	7.3	23	Yes	1597
18 / 2000	1.13	64	72	12	7.3	23	Yes	1597
19 / 2000	1.11	64	71	12	7.3	23	Yes	1597
20 / 2000	1.10	62	68	13	7.3	23	Yes	1667
21 / 1600	1.10	62	68	13	7.3	23	Yes	1667
22 / 1600	1.10	64	70	13	7.3	23	Yes	1597
23 / 1600	1.11	62	69	13	7.3	23	Yes	1667
24 / 2000	1.07	62	66	12	7.4	23	Yes	1667
25 / 800	1.04	64	67	12	7.3	22	Yes	1597
26 / 1200	1.10	62	68	12	7.2	23	Yes	1667
27 / 1600	1.09	64	70	12	7.3	23	Yes	1597
28 / 1600	1.09	62	68	12	7.4	23	Yes	1667
29 / 1600	1.06	64	68	13	7.3	23	Yes	1597
30 / 800	1.04	64	67	13	7.3	22	Yes	1597

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

Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf