

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: May / 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	0.03	0.03	0.05
2	0.03	0.03	0.03	0.03	0.03	0.03	0.07
3	0.03	0.03	0.03	0.03	0.03	0.03	0.06
4	0.03	0.03	0.03	0.02	0.03	0.03	0.05
5	0.03	0.03	0.03	0.02	0.03	0.03	0.05
6	0.03	0.03	0.03	0.02	0.03	0.03	0.06
7	0.03	0.03	0.03	0.02	0.03	0.03	0.05
8	0.03	0.03	0.03	0.02	0.03	0.03	0.06
9	0.03	0.03	0.03	0.02	0.03	0.03	0.06
10	0.03	0.03	0.03	0.03	0.03	0.03	0.06
11	0.03	0.03	0.03	0.02	0.03	0.03	0.05
12	0.03	0.03	0.03	0.02	0.03	0.03	0.06
13	0.03	0.03	0.03	0.03	0.03	0.03	0.06
14	0.03	0.03	0.03	0.03	0.03	0.03	0.07
15	0.03	0.03	0.03	0.03	0.03	0.03	0.06
16	0.03	0.03	0.03	0.02	0.03	0.03	0.04
17	0.03	0.03	0.03	0.02	0.03	0.03	0.04
18	0.03	0.03	0.03	0.03	0.03	0.03	0.04
19	0.03	0.03	0.02	0.02	0.03	0.03	0.06
20	0.03	0.03	0.03	0.02	0.03	0.03	0.04
21	0.03	0.03	0.03	0.03	0.03	0.03	0.04
22	0.03	0.03	0.02	0.02	0.03	0.03	0.05
23	0.03	0.03	0.03	0.02	0.03	0.03	0.06
24	0.03	0.03	0.03	0.02	0.03	0.03	0.04
25	0.03	0.03	0.03	0.03	0.03	0.03	0.04
26	0.03	0.03	0.03	0.02	0.03	0.03	0.06
27	0.03	0.03	0.03	0.03	0.02	0.02	0.04
28	0.02	0.02	0.02	0.02	0.03	0.03	0.04
29	0.03	0.03	0.02	0.02	0.02	0.02	0.03
30	0.03	0.02	0.02	0.02	0.03	0.03	0.04
31	0.03	0.03	0.03	0.02	0.02	0.02	0.03
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)			
95% of the 4-hour turbidity readings \leq 0.3 NTU? Yes / No				CT's met everyday? (see back) Yes / No			
All the 4-hour turbidity readings \leq 1 NTU? Yes / No				All Cl ₂ residuals at entry point \geq 0.2 mg/l? Yes / No			
All turbidity readings < IFE ² triggers? Yes / No							
Notes:				PRINTED NAME: Tom Hubbard			
				SIGNATURE: 		DATE: 6-3-2021	
				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: May / 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 / 2000	1.12	62	69	13	7.3	23	Yes	1667
02 / 1200	1.10	62	68	13	7.3	23	Yes	1667
03 / 1200	1.07	62	66	13	7.7	28	Yes	1667
04 / 1200	1.09	62	68	13	7.6	28	Yes	1667
05 / 1600	1.09	62	68	14	7.6	28	Yes	1667
06 / 2000	1.05	62	65	14	7.5	23	Yes	1667
07 / 1200	1.06	62	66	14	7.5	23	Yes	1667
08 / 1200	1.05	64	67	13	7.5	23	Yes	1597
09 / 1600	1.04	62	64	13	7.6	27	Yes	1667
10 / 1600	1.03	62	64	13	7.6	27	Yes	1667
11 / 800	1.06	62	66	14	7.6	28	Yes	1667
12 / 1200	1.04	62	64	14	7.5	22	Yes	1667
13 / 1200	1.04	62	64	15	7.1	15	Yes	1667
14 / 1200	1.08	64	69	15	7.1	15	Yes	1597
15 / 800	1.10	64	70	15	7.3	15	Yes	1597
16 / 1200	1.05	62	65	15	7.4	15	Yes	1667
17 / 1200	1.10	62	68	15	7.3	15	Yes	1667
18 / 1200	1.13	62	70	15	7.3	15	Yes	1667
19 / 1200	1.02	62	63	14	7.3	22	Yes	1667
20 / 1200	1.08	62	67	14	7.2	23	Yes	1667
21 / 2000	1.10	62	68	13	7.3	23	Yes	1667
22 / 1600	1.09	62	68	13	7.3	23	Yes	1667
23 / 2000	1.05	64	67	14	7.3	23	Yes	1597
24 / 2000	1.11	64	71	13	7.3	23	Yes	1597
25 / 1200	1.08	60	65	13	7.3	23	Yes	1736
26 / 2000	1.04	60	62	13	7.3	22	Yes	1736
27 / 1600	1.07	64	68	14	7.2	23	Yes	1597
28 / 800	1.07	62	66	14	7.2	23	Yes	1667
29 / 2000	1.14	68	78	14	7.3	23	Yes	1458
30 / 1600	1.08	60	65	15	7.3	15	Yes	1736
31 / 800	1.07	58	62	15	7.3	15	Yes	1806

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