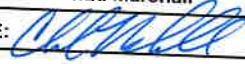


**OHA - Drinking Water Program - Turbidity Monitoring Report Form**      **County: Benton**  
**Conventional or Direct Filtration**

**System Name: Corvallis, City of**    **ID#: 41 00225**    **WTP-: WTP - B**      **Month/Year: Aug / 2021**

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	0.03	0.03	0.03	0.03	0.04	0.03	0.04
2	0.03	0.03	0.03	0.03	0.03	0.03	0.03
3	0.03	0.03	0.03	0.03	0.03	0.03	0.04
4	0.03	0.03	0.03	0.03	0.03	0.03	0.03
5	0.03	0.03	0.03	0.03	0.04	0.03	0.07
6	0.03	0.03	0.03	0.03	0.03	0.03	0.03
7	0.03	0.03	0.03	0.03	0.04	0.03	0.04
8	0.03	0.03	0.03	0.03	0.03	0.03	0.03
9	0.03	0.03	0.03	0.04	0.04	0.04	0.04
10	0.04	0.03	0.03	0.03	0.03	0.03	0.04
11	0.03	0.03	0.03	0.03	0.04	0.04	0.05
12	0.04	0.03	0.03	0.03	0.03	0.03	0.04
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.03	0.03	0.03	0.04	0.03	0.05
15	0.03	0.03	0.03	0.03	0.03	0.03	0.04
16	0.03	0.03	0.03	0.03	0.03	0.03	0.03
17	0.03	0.03	0.03	0.03	0.04	0.03	0.04
18	0.03	0.03	0.03	0.03	0.03	0.03	0.05
19	0.03	0.03	0.03	0.03	0.03	0.03	0.03
20	0.03	0.03	0.03	0.03	0.04	0.03	0.04
21	0.03	0.03	0.03	0.03	0.03	0.03	0.04
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03
23	0.03	0.03	0.03	0.03	0.04	0.03	0.05
24	0.03	0.03	0.03	0.04	0.03	0.03	0.04
25	0.03	0.03	0.03	0.03	0.04	0.03	0.04
26	0.03	0.03	0.03	0.03	0.03	0.03	0.04
27	0.03	0.03	0.03	0.03	0.03	0.03	0.04
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03
29	0.03	0.03	0.03	0.03	0.03	0.03	0.04
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03
31	0.03	0.03	0.03	0.03	0.04	0.03	0.04

<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	All the 4-hour turbidity readings ≤ 1 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 <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No <sup>2</sup>		<b>Notes:</b>	
		PRINTED NAME: Chad Marshall	
		SIGNATURE: 	DATE: 9-7-2021
		PHONE #: (541) 754-1758	CERT #: T-08843

<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 - B**

**Month/Year: Aug / 2021**

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 / 1200	0.81	64	52	18	7.4	15	Yes	1597
02 / 1200	0.98	64	63	19	7.2	15	Yes	1597
03 / 1600	0.97	64	62	19	7.4	15	Yes	1597
04 / 1600	1.00	64	64	19	7.3	15	Yes	1597
05 / 1600	0.93	64	60	19	7.2	15	Yes	1597
06 / 0800	1.00	64	64	19	7.3	15	Yes	1597
07 / 1200	0.98	64	63	19	7.3	15	Yes	1597
08 / 1600	1.01	60	61	19	7.3	15	Yes	1736
09 / 2000	0.99	98	97	19	7.4	15	Yes	278
10 / 1600	0.88	98	86	19	7.2	15	Yes	278
11 / 2000	1.00	98	98	19	7.2	15	Yes	278
12 / 1600	1.02	98	100	19	7.2	15	Yes	278
13 / 1600	1.04	98	102	20	7.2	11	Yes	278
14 / 2000	1.05	98	103	20	7.2	12	Yes	278
15 / 2000	1.02	98	100	20	7.2	11	Yes	278
16 / 1600	1.05	98	103	20	7.2	12	Yes	278
17 / 1600	1.01	98	99	20	7.2	11	Yes	278
18 / 2000	0.98	98	96	19	7.2	15	Yes	278
19 / 1600	1.02	98	100	19	7.2	15	Yes	278
20 / 2000	1.05	90	95	19	7.2	15	Yes	625
21 / 2000	1.03	98	101	19	7.2	15	Yes	278
22 / 2000	1.02	98	100	18	7.2	15	Yes	278
23 / 2000	1.01	94	95	18	7.2	15	Yes	486
24 / 2000	1.03	98	101	18	7.2	15	Yes	278
25 / 1600	0.90	64	58	18	7.1	15	Yes	1597
26 / 0800	1.03	66	68	18	7.1	15	Yes	1528
27 / 1200	0.98	66	65	18	7.2	15	Yes	1528
28 / 1600	0.99	66	65	18	7.3	15	Yes	1528
29 / 2000	0.97	66	64	18	7.3	15	Yes	1528
30 / 1200	1.01	66	67	18	7.3	15	Yes	1528
31 / 1600	0.96	66	63	18	7.3	15	Yes	1528

<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.