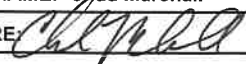


**OHA - Drinking Water Program - Turbidity Monitoring Report Form    County: Benton**  
**Conventional or Direct Filtration**

**System Name: Corvallis, City of    ID#: 41 00225    WTP:-: WTP - B    Month/Year: Sep / 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	0.04	0.04	0.03	0.03	0.03	0.03	0.04
2	0.03	0.03	0.03	0.03	0.04	0.04	0.04
3	0.04	0.04	0.04	0.03	0.03	0.03	0.04
4	0.03	0.03	0.03	0.03	0.04	0.03	0.04
5	0.03	0.03	0.03	0.03	0.03	0.03	0.04
6	0.03	0.03	0.03	0.03	0.04	0.03	0.04
7	0.03	0.03	0.03	0.03	0.03	0.03	0.04
8	0.03	0.03	0.03	0.03	0.04	0.03	0.04
9	0.04	0.04	0.03	0.03	0.03	0.03	0.04
10	0.03	0.03	0.03	0.03	0.04	0.04	0.04
11	0.03	0.03	0.03	0.03	0.03	0.03	0.04
12	0.03	0.03	0.03	0.03	0.04	0.03	0.04
13	0.04	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.03	0.03	0.03	0.03	0.03	0.04
15	0.03	0.03	0.03	0.03	0.03	0.03	0.04
16	0.03	0.03	0.03	0.03	0.04	0.03	0.04
17	0.03	0.03	0.03	0.03	0.03	0.03	0.04
18	0.03	0.03	0.04	0.04	0.04	0.04	0.05
19	0.04	0.04	0.03	0.03	0.04	0.03	0.04
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	0.03
22	0.03	0.03	0.03	0.03	0.04	0.03	0.04
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03
24	0.03	0.03	0.03	0.03	0.04	0.03	0.04
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03
26	0.03	0.03	0.03	0.03	0.03	0.03	0.04
27	0.03	0.03	0.03	0.03	0.04	0.04	0.04
28	0.04	0.04	0.03	0.03	0.04	0.04	0.05
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03
30	0.03	0.03	0.03	0.03	0.03	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	<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 the 4-hour turbidity readings ≤ 1 NTU? <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			
<b>Notes:</b>		<b>PRINTED NAME: Chad Marshall</b>	
		<b>SIGNATURE:</b> 	<b>DATE: 10/6/2021</b>
		<b>PHONE #: (541) 754-1758</b>	<b>CERT #: T-08843</b>

<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: Sep / 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]	<b>C X T</b>	[° C]		Use tables	Yes / No	[GPM]
01 / 2000	1.05	66	69	18	7.3	15	Yes	1528
02 / 1600	1.00	68	68	18	7.4	15	Yes	1458
03 / 1600	1.02	66	67	18	7.3	15	Yes	1528
04 / 1200	1.03	68	70	18	7.3	15	Yes	1458
05 / 1600	1.03	68	70	18	7.3	15	Yes	1458
06 / 1600	0.98	68	67	19	7.3	15	Yes	1458
07 / 1200	1.03	68	70	19	7.3	15	Yes	1458
08 / 1600	1.00	68	68	19	7.3	15	Yes	1458
09 / 1600	1.01	66	67	19	7.3	15	Yes	1528
10 / 1600	1.04	66	69	19	7.3	15	Yes	1528
11 / 1600	1.03	66	68	18	7.3	15	Yes	1528
12 / 0800	1.03	68	70	18	7.3	15	Yes	1458
13 / 1200	1.02	66	67	18	7.3	15	Yes	1528
14 / 1200	1.00	68	68	18	7.3	15	Yes	1458
15 / 1600	1.01	68	69	18	7.3	15	Yes	1458
16 / 0800	1.00	68	68	18	7.3	15	Yes	1458
17 / 1200	0.99	64	63	18	7.3	15	Yes	1597
18 / 1600	0.93	64	60	18	7.2	15	Yes	1597
19 / 1600	1.01	64	65	17	7.2	15	Yes	1597
20 / 1600	0.99	66	65	17	7.2	15	Yes	1528
21 / 1600	1.02	66	67	17	7.3	15	Yes	1528
22 / 1600	0.96	68	65	17	7.3	15	Yes	1458
23 / 1200	1.00	66	66	17	7.3	15	Yes	1528
24 / 1600	0.97	66	64	17	7.3	15	Yes	1528
25 / 1600	0.96	68	65	17	7.3	15	Yes	1458
26 / 1200	1.05	66	69	17	7.3	15	Yes	1528
27 / 2000	1.00	64	64	17	7.3	15	Yes	1597
28 / 1600	0.97	62	60	16	7.2	15	Yes	1667
29 / 1200	1.05	66	69	16	7.3	15	Yes	1528
30 / 2000	1.04	66	69	16	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.