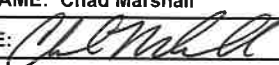


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton
Conventional or Direct Filtration

System Name: Corvallis, City of ID#: 41 00225 WTP-: WTP - B Month/Year: Feb / 2022

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	0.03	0.03	0.03	0.03	0.04	0.03	0.05
2	0.03	0.03	0.03	0.04	0.03	0.03	0.07
3	0.03	0.03	0.03	0.03	0.03	0.03	0.04
4	0.03	0.03	0.03	0.05	0.03	0.03	0.05
5	0.03	0.03	0.03	0.03	0.03	0.03	0.05
6	0.03	0.03	0.03	0.03	0.03	0.03	0.06
7	0.03	0.03	0.03	0.03	0.03	0.03	0.05
8	0.03	0.03	0.03	0.03	0.03	0.03	0.05
9	0.03	0.03	0.03	0.03	0.03	0.03	0.04
10	0.03	0.03	0.03	0.03	0.03	0.03	0.05
11	0.03	0.03	0.03	0.03	0.04	0.03	0.05
12	0.03	0.03	0.03	0.03	0.04	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	0.03	0.03	0.05
15	0.03	0.03	0.03	0.03	0.04	0.03	0.05
16	0.03	0.03	0.03	0.03	0.03	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	0.04	0.03	0.05
19	0.03	0.03	0.03	0.03	0.04	0.03	0.05
20	0.03	0.03	0.03	0.03	0.04	0.04	0.05
21	0.03	0.03	0.03	0.03	0.05	0.04	0.07
22	0.04	0.03	0.03	0.03	0.04	0.03	0.05
23	0.03	0.03	0.03	0.03	0.03	0.03	0.05
24	0.03	0.03	0.03	0.03	0.03	0.03	0.06
25	0.03	0.03	0.05	0.03	0.03	0.03	0.06
26	0.03	0.03	0.04	0.04	0.04	0.03	0.05
27	0.03	0.03	0.03	0.03	0.05	0.03	0.06
28	0.04	0.03	0.03	0.04	0.04	0.08	0.08

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	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
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Notes:		PRINTED NAME: Chad Marshall	DATE: 3/4/2022
		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 - B

Month/Year: Feb / 2022

Required Log
Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ^a	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^a	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
01 / 1600	1.02	62	63	6	7.6	36	Yes	1667
02 / 1600	1.06	62	66	6	7.6	37	Yes	1667
03 / 1600	1.04	64	67	6	7.6	36	Yes	1597
04 / 1600	1.04	62	64	6	7.6	36	Yes	1667
05 / 1200	1.13	62	70	6	7.6	37	Yes	1667
06 / 1600	0.98	64	63	6	7.7	36	Yes	1597
07 / 1600	1.02	62	63	6	7.6	36	Yes	1667
08 / 1200	1.04	62	64	7	7.7	36	Yes	1667
09 / 1600	0.98	62	61	7	7.7	36	Yes	1667
10 / 1600	1.03	62	64	7	7.6	36	Yes	1667
11 / 1600	1.02	62	63	7	7.6	36	Yes	1667
12 / 1600	1.15	62	71	7	7.7	37	Yes	1667
13 / 1600	1.05	62	65	7	7.6	37	Yes	1667
14 / 1600	0.99	58	57	7	7.6	36	Yes	1806
15 / 1600	1.08	62	67	7	7.5	31	Yes	1667
16 / 1200	1.09	62	68	7	7.6	37	Yes	1667
17 / 1600	1.17	62	73	7	7.6	37	Yes	1667
18 / 1600	1.06	62	66	7	7.7	37	Yes	1667
19 / 1600	1.06	62	66	7	7.7	37	Yes	1667
20 / 1600	1.04	62	64	7	7.6	36	Yes	1667
21 / 1200	1.03	62	64	7	7.7	36	Yes	1667
22 / 1200	1.05	64	67	7	7.6	37	Yes	1597
23 / 1600	1.15	62	71	6	7.7	37	Yes	1667
24 / 1600	1.08	62	67	5	7.7	37	Yes	1667
25 / 1600	1.14	62	71	5	7.8	37	Yes	1667
26 / 1600	1.13	62	70	5	7.8	37	Yes	1667
27 / 2000	1.05	62	65	6	7.5	31	Yes	1667
28 / 1600	0.97	62	60	6	7.3	30	Yes	1667

^a 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