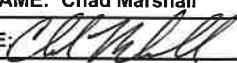


**OHA - Drinking Water Program - Turbidity Monitoring Report Form**    **County: Benton**  
**Conventional or Direct Filtration**

<b>System Name:</b> Corvallis, City of <b>ID#:</b> 41 00225 <b>WTP-:</b> WTP - B							<b>Month/Year:</b> Apr / 2022
<b>DAY</b>	<b>12 AM (NTU)</b>	<b>4 AM (NTU)</b>	<b>8 AM (NTU)</b>	<b>NOON (NTU)</b>	<b>4 PM (NTU)</b>	<b>8 PM (NTU)</b>	<b>Highest Reading of the Day<sup>1</sup> (NTU)</b>
1	0.03	0.03	0.03	0.02	0.03	0.03	0.04
2	0.03	0.03	0.03	0.03	0.03	0.03	0.05
3	0.03	0.03	0.03	0.03	0.03	0.03	0.05
4	0.03	0.03	0.03	0.04	0.04	0.05	0.07
5	0.04	0.03	0.03	0.06	0.04	0.03	0.09
6	0.03	0.03	0.03	0.03	0.03	0.03	0.05
7	0.03	0.03	0.04	0.03	0.03	0.03	0.04
8	0.03	0.03	0.03	0.02	0.04	0.03	0.05
9	0.03	0.03	0.03	0.03	0.04	0.03	0.04
10	0.03	0.03	0.03	0.03	0.07	0.04	0.08
11	0.03	0.03	0.04	0.03	0.05	0.04	0.07
12	0.03	0.03	0.03	0.03	0.04	0.03	0.06
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.07	0.04	0.04	0.03	0.03	0.07
15	0.03	0.03	0.04	0.04	0.03	0.03	0.05
16	0.03	0.03	0.03	0.04	0.03	0.03	0.05
17	0.03	0.03	0.03	0.03	0.03	0.03	0.04
18	0.03	0.03	0.03	0.03	0.05	0.03	0.05
19	0.04	0.03	0.03	0.03	0.05	0.04	0.07
20	0.04	0.03	0.03	0.03	0.04	0.03	0.06
21	0.04	0.03	0.03	0.03	0.05	0.03	0.06
22	0.03	0.03	0.03	0.03	0.03	0.03	0.05
23	0.03	0.03	0.03	0.03	0.04	0.03	0.05
24	0.03	0.03	0.03	0.03	0.03	0.03	0.05
25	0.05	0.03	0.03	0.03	0.04	0.04	0.06
26	0.03	0.03	0.03	0.03	0.03	0.03	0.05
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	0.05
29	0.03	0.03	0.03	0.03	0.04	0.03	0.05
30	0.03	0.03	0.03	0.03	0.05	0.03	0.06
<b>Conventional or Direct Filtration</b>				<b>Monthly Summary (Answer Yes or No)</b>			
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 Cl <sub>2</sub> residuals at entry point $\geq$ 0.2 mg/l? <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 turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <sup>2</sup>							
<b>Notes:</b>				<b>PRINTED NAME:</b> Chad Marshall			
				<b>SIGNATURE:</b> 		<b>DATE:</b> 5/5/2022	
				<b>PHONE #:</b> (541) 754-1758		<b>CERT #:</b> 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: Apr / 2022				Required Log Inactivation:	0.5
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>a</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>a</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
01 / 1200	1.08	56	60	10	7.4	23	Yes	1875
02 / 1200	1.05	56	59	10	7.5	23	Yes	1875
03 / 1200	1.09	56	61	10	7.5	23	Yes	1875
04 / 1200	1.04	56	58	10	7.4	22	Yes	1875
05 / 1600	1.21	60	73	10	7.3	23	Yes	1736
06 / 1600	1.08	54	58	10	7.2	23	Yes	1944
07 / 1600	1.12	56	63	10	7.3	23	Yes	1875
08 / 1200	1.08	56	60	11	7.3	23	Yes	1875
09 / 1200	1.08	54	58	11	7.3	23	Yes	1944
10 / 1200	1.05	56	59	10	7.4	23	Yes	1875
11 / 1200	1.12	56	63	10	7.1	23	Yes	1875
12 / 1600	1.15	56	64	10	7.3	23	Yes	1875
13 / 1600	1.06	56	59	9	7.2	31	Yes	1875
14 / 1200	1.12	56	63	9	7.3	31	Yes	1875
15 / 1600	1.10	56	62	8	7.3	31	Yes	1875
16 / 1600	1.05	56	59	9	7.3	31	Yes	1875
17 / 1600	1.08	56	60	9	7.3	31	Yes	1875
18 / 2000	1.10	56	62	8	7.4	31	Yes	1875
19 / 1600	1.02	56	57	9	7.1	30	Yes	1875
20 / 1600	1.07	56	60	9	7.3	31	Yes	1875
21 / 1200	1.09	56	61	9	7.2	31	Yes	1875
22 / 1200	1.07	56	60	10	7.2	23	Yes	1875
23 / 1200	1.13	56	63	10	7.2	23	Yes	1875
24 / 1600	1.09	56	61	11	7.3	23	Yes	1875
25 / 1600	1.06	54	57	11	7.3	23	Yes	1944
26 / 1600	1.04	56	58	11	7.3	22	Yes	1875
27 / 1200	1.04	54	56	11	7.3	22	Yes	1944
28 / 1200	1.11	56	62	11	7.3	23	Yes	1875
29 / 1200	1.15	56	64	11	7.3	23	Yes	1875
30 / 1600	1.08	56	60	11	7.2	23	Yes	1875

<sup>a</sup> If Cl<sub>2</sub> 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](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)