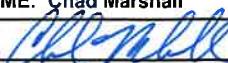


**OHA - Drinking Water Program - Turbidity Monitoring Report Form**    **County: Benton**  
**Conventional or Direct Filtration**

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

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	0.03	0.03	0.05
2	0.03	0.03	0.03	0.03	0.05	0.07	0.07
3	0.04	0.03	0.03	0.03	0.03	0.03	0.07
4	0.03	0.03	0.03	0.03	0.03	0.03	0.04
5	0.03	0.03	0.03	0.03	0.03	0.03	0.05
6	0.03	0.03	0.03	0.03	0.04	0.04	0.05
7	0.04	0.03	0.03	0.03	0.04	0.04	0.06
8	0.03	0.03	0.03	0.03	0.04	0.03	0.05
9	0.03	0.03	0.03	0.03	0.03	0.03	0.05
10	0.03	0.03	0.03	0.03	0.03	0.03	0.12
11	0.03	0.03	0.03	0.03	0.03	0.03	0.05
12	0.03	0.03	0.03	0.03	0.03	0.03	0.05
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.04	0.04	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	0.02	0.03	0.03	0.04
17	0.03	0.03	0.03	0.02	0.03	0.03	0.05
18	0.03	0.03	0.03	0.02	0.03	0.03	0.05
19	0.03	0.03	0.03	0.02	0.03	0.03	0.05
20	0.03	0.03	0.02	0.02	0.04	0.03	0.04
21	0.03	0.03	0.02	0.02	0.03	0.03	0.05
22	0.03	0.03	0.03	0.02	0.03	0.03	0.04
23	0.03	0.03	0.03	0.02	0.03	0.03	0.04
24	0.03	0.03	0.03	0.02	0.03	0.03	0.05
25	0.03	0.03	0.03	0.02	0.03	0.03	0.04
26	0.03	0.03	0.03	0.03	0.03	0.03	0.03
27	0.03	0.03	0.03	0.02	0.03	0.03	0.04
28	0.03	0.03	0.03	0.02	0.03	0.03	0.04
29	0.03	0.03	0.03	0.03	0.03	0.03	0.04
30	0.03	0.03	0.03	0.02	0.02	0.02	0.03
31	0.03	0.04	0.05	0.03	0.03	0.03	0.05

<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="checkbox"/> Yes / <input type="checkbox"/> No		CT's met everyday? (see back) <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
All turbidity readings < IFE <sup>2</sup> ? <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>PHONE #:</b> (541) 754-1758	
		<b>DATE:</b> 6/13/2022 <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: May / 2022				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 / 1600	1.11	56	62	11	7.2	23	Yes	1875
02 / 1200	1.13	56	63	12	7.2	23	Yes	1875
03 / 1600	1.17	58	68	11	7.1	23	Yes	1806
04 / 1200	1.10	58	64	12	7.2	23	Yes	1806
05 / 1600	1.07	58	62	12	7.1	23	Yes	1806
06 / 1200	1.07	58	62	12	7.1	23	Yes	1806
07 / 0800	1.10	58	64	13	7.1	23	Yes	1806
08 / 1200	1.01	54	55	12	7.4	22	Yes	1944
09 / 1200	1.04	54	56	12	7.3	22	Yes	1944
10 / 1600	1.11	54	60	12	7.3	23	Yes	1944
11 / 1600	1.09	54	59	12	7.3	23	Yes	1944
12 / 1600	1.06	54	57	12	7.4	23	Yes	1944
13 / 0800	1.21	54	65	11	7.2	23	Yes	1944
14 / 1600	1.14	54	62	12	7.2	23	Yes	1944
15 / 1200	1.14	54	62	12	7.2	23	Yes	1944
16 / 1200	1.14	54	62	13	7.3	23	Yes	1944
17 / 1200	1.01	54	55	13	7.3	22	Yes	1944
18 / 1200	1.09	54	59	13	7.4	23	Yes	1944
19 / 1200	1.14	54	62	13	7.4	23	Yes	1944
20 / 1200	1.11	54	60	13	7.4	23	Yes	1944
21 / 1200	1.05	54	57	12	7.4	23	Yes	1944
22 / 1200	1.10	54	59	13	7.4	23	Yes	1944
23 / 1200	1.08	54	58	13	7.4	23	Yes	1944
24 / 1200	1.14	54	62	14	7.4	23	Yes	1944
25 / 1200	1.10	54	59	14	7.4	23	Yes	1944
26 / 1600	1.10	54	59	14	7.4	23	Yes	1944
27 / 1200	1.13	54	61	14	7.4	23	Yes	1944
28 / 1200	1.17	54	63	14	7.4	23	Yes	1944
29 / 1200	1.07	52	56	14	7.3	23	Yes	2014
30 / 1200	1.13	54	61	14	7.3	23	Yes	1944
31 / 1200	1.15	54	62	14	7.4	23	Yes	1944

<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.

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)