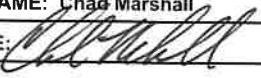


OHA - Drinking Water Program - Turbidity Monitoring Report Form **County: Benton**
Conventional or Direct Filtration

System Name: Corvallis, City of ID#: 41 00225 WTP-: WTP - B							Month/Year: Jul / 2022
DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day¹ (NTU)
1	0.04	0.03	0.04	0.04	0.03	0.03	0.05
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	0.03	0.03	0.03	0.03
5	0.03	0.03	0.03	0.02	0.03	0.03	0.04
6	0.03	0.03	0.03	0.03	0.03	0.03	0.03
7	0.03	0.03	0.03	0.02	0.03	0.03	0.04
8	0.03	0.03	0.03	0.02	0.02	0.02	0.03
9	0.02	0.02	0.02	0.02	0.03	0.03	0.04
10	0.03	0.03	0.03	0.02	0.02	0.02	0.03
11	0.03	0.03	0.03	0.02	0.03	0.03	0.04
12	0.03	0.03	0.03	0.02	0.02	0.02	0.03
13	0.03	0.03	0.03	0.02	0.03	0.03	0.03
14	0.03	0.03	0.03	0.02	0.02	0.02	0.05
15	0.03	0.03	0.03	0.02	0.03	0.03	0.04
16	0.03	0.03	0.03	0.02	0.02	0.02	0.03
17	0.03	0.03	0.03	0.02	0.03	0.03	0.04
18	0.03	0.03	0.03	0.02	0.02	0.02	0.03
19	0.03	0.03	0.03	0.02	0.03	0.03	0.04
20	0.03	0.03	0.03	0.02	0.02	0.02	0.03
21	0.03	0.03	0.03	0.02	0.03	0.03	0.03
22	0.03	0.03	0.03	0.03	0.02	0.02	0.03
23	0.03	0.03	0.03	0.02	0.03	0.03	0.04
24	0.03	0.03	0.03	0.02	0.02	0.02	0.03
25	0.03	0.03	0.03	0.02	0.03	0.03	0.04
26	0.03	0.03	0.03	0.03	0.02	0.03	0.03
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	0.03	0.03	0.04
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)			
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 the 4-hour turbidity readings \leq 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				All Cl ₂ residuals at entry point \geq 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²							
Notes:				PRINTED NAME: Chad Marshall			
				SIGNATURE: 		DATE: 8/4/2022	
				PHONE #: (541) 754-1758		CERT #: T-08843	

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: Jul / 2022				Required Log Inactivation ^a 0.5	
Date / Time	Minimum Cl ₂ Residual at 1st User (C) ^b	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^c	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
01 / 1600	1.02	68	69	17	7.4	15	Yes	1458
02 / 2000	1.04	68	71	17	7.4	15	Yes	1458
03 / 2000	1.01	68	69	17	7.4	15	Yes	1458
04 / 2000	0.98	66	65	17	7.4	15	Yes	1528
05 / 0800	1.11	66	73	17	7.4	15	Yes	1528
06 / 1200	1.11	66	73	17	7.3	15	Yes	1528
07 / 2000	1.05	56	59	17	7.3	15	Yes	1875
08 / 1200	1.07	56	60	17	7.2	15	Yes	1875
09 / 1200	1.04	56	58	17	7.2	15	Yes	1875
10 / 1200	1.09	56	61	17	7.3	15	Yes	1875
11 / 1200	1.07	56	60	17	7.3	15	Yes	1875
12 / 1200	1.12	56	63	18	7.3	15	Yes	1875
13 / 1200	1.10	56	62	19	7.3	15	Yes	1875
14 / 1200	1.05	56	59	19	7.3	15	Yes	1875
15 / 1200	1.06	56	59	19	7.3	15	Yes	1875
16 / 2000	1.14	56	64	19	7.3	15	Yes	1875
17 / 1200	1.11	56	62	18	7.3	15	Yes	1875
18 / 1200	1.09	56	61	18	7.3	15	Yes	1875
19 / 2000	1.17	56	66	18	7.3	15	Yes	1875
20 / 1600	1.15	56	64	18	7.3	15	Yes	1875
21 / 1200	1.13	56	63	18	7.3	15	Yes	1875
22 / 1600	1.06	56	59	18	7.3	15	Yes	1875
23 / 1600	1.05	56	59	18	7.3	15	Yes	1875
24 / 1200	1.01	56	57	18	7.3	15	Yes	1875
25 / 1600	1.14	56	64	18	7.3	15	Yes	1875
26 / 1600	1.09	56	61	19	7.3	15	Yes	1875
27 / 1200	1.07	56	60	19	7.3	15	Yes	1875
28 / 1600	1.10	56	62	19	7.3	15	Yes	1875
29 / 1200	0.99	54	53	20	7.3	11	Yes	1944
30 / 2000	1.19	56	67	20	7.3	12	Yes	1875
31 / 2000	1.14	56	64	20	7.3	12	Yes	1875

^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