

**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: Aug / 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	0.03
2	0.03	0.03	0.03	0.02	0.03	0.03	0.04
3	0.03	0.03	0.03	0.02	0.02	0.03	0.03
4	0.03	0.03	0.03	0.02	0.03	0.03	0.04
5	0.03	0.03	0.03	0.03	0.02	0.03	0.03
6	0.03	0.03	0.03	0.02	0.03	0.03	0.04
7	0.03	0.03	0.03	0.03	0.03	0.03	0.03
8	0.03	0.03	0.03	0.03	0.03	0.03	0.04
9	0.03	0.03	0.03	0.03	0.02	0.03	0.03
10	0.03	0.03	Off	Off	0.03	0.03	0.11
11	0.03	0.03	0.03	0.02	0.03	0.03	0.03
12	0.03	0.03	0.03	0.02	0.02	0.03	0.03
13	0.03	0.03	0.03	0.02	0.03	0.03	0.04
14	0.03	0.03	0.03	0.02	0.02	0.02	0.03
15	0.03	0.03	0.03	0.02	0.03	0.03	0.04
16	0.03	0.03	0.03	0.03	0.02	0.03	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	0.03	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	0.04
22	0.03	0.03	0.03	0.02	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	0.03
26	0.03	0.03	0.03	0.02	0.02	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	0.02	0.02	0.03
29	0.03	0.03	0.03	0.02	0.03	0.02	0.03
30	0.03	0.03	0.02	0.02	0.02	0.02	0.03
31	0.02	0.02	0.02	0.02	0.03	0.02	0.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)		
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No All the 4-hour turbidity readings ≤ 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>		CT's met everyday? (see back) <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
Notes:		PRINTED NAME: Chad Marshall		
		SIGNATURE: 		DATE: 9/14/2022
		PHONE #: (541) 754-1758		CERT #: 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: Aug / 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	1.08	52	56	20	7.3	12	Yes	2014
02 / 1200	1.13	56	63	20	7.2	12	Yes	1875
03 / 1600	1.13	54	61	19	7.2	15	Yes	1944
04 / 1200	1.14	56	64	19	7.2	15	Yes	1875
05 / 1600	1.14	56	64	19	7.2	15	Yes	1875
06 / 1200	1.12	56	63	19	7.2	15	Yes	1875
07 / 1600	1.12	56	63	19	7.3	15	Yes	1875
08 / 1600	1.16	56	65	19	7.2	15	Yes	1875
09 / 1200	1.09	54	59	19	7.3	15	Yes	1944
10 / 2000	1.08	66	71	19	7.1	15	Yes	1528
11 / 1600	1.10	66	73	19	7.2	15	Yes	1528
12 / 1200	1.11	58	64	19	7.2	15	Yes	1806
13 / 1600	1.17	58	68	18	7.2	15	Yes	1806
14 / 1600	1.10	58	64	18	7.2	15	Yes	1806
15 / 1200	1.14	58	66	18	7.2	15	Yes	1806
16 / 1600	1.15	58	67	19	7.2	15	Yes	1806
17 / 1200	1.10	58	64	19	7.2	15	Yes	1806
18 / 2000	1.12	58	65	19	7.2	15	Yes	1806
19 / 1200	1.01	58	59	20	7.2	11	Yes	1806
20 / 1200	1.19	58	69	19	7.2	15	Yes	1806
21 / 1200	1.15	58	67	19	7.2	15	Yes	1806
22 / 1600	1.18	58	68	19	7.2	15	Yes	1806
23 / 1200	1.12	58	65	19	7.2	15	Yes	1806
24 / 1600	1.12	58	65	19	7.2	15	Yes	1806
25 / 2000	1.15	60	69	20	7.2	12	Yes	1736
26 / 1600	1.11	58	64	20	7.2	12	Yes	1806
27 / 2000	1.15	58	67	19	7.2	15	Yes	1806
28 / 0800	1.17	58	68	19	7.1	15	Yes	1806
29 / 1600	1.05	58	61	19	7.1	15	Yes	1806
30 / 1600	1.14	58	66	19	7.1	15	Yes	1806
31 / 1200	1.19	58	69	19	7.1	15	Yes	1806

<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)