


**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: Sep / 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	0.02	0.02	0.02	0.02	0.07
2	0.02	0.02	0.02	0.02	0.03	0.02	0.05
3	0.02	0.02	0.02	0.02	0.02	0.02	0.03
4	0.02	0.02	0.02	0.02	0.02	0.02	0.04
5	0.02	0.02	0.02	0.02	0.02	0.02	0.03
6	0.02	0.02	0.02	0.02	0.03	0.03	0.04
7	0.02	0.03	0.02	0.02	0.02	0.02	0.03
8	0.03	0.03	0.02	0.02	0.03	0.03	0.03
9	0.03	0.03	0.03	0.02	0.02	0.02	0.03
10	0.02	0.02	0.02	0.02	0.03	0.03	0.03
11	0.03	0.03	0.03	0.02	0.02	0.02	0.03
12	0.02	0.02	0.02	0.02	0.03	0.03	0.03
13	0.03	0.03	0.02	0.02	0.02	0.02	0.03
14	0.02	0.02	0.02	0.02	0.03	0.03	0.04
15	0.03	0.03	0.03	0.02	0.02	0.02	0.03
16	0.03	0.02	0.03	0.02	0.03	0.03	0.04
17	0.03	0.03	0.03	0.02	0.02	0.02	0.03
18	0.03	0.03	0.03	0.03	0.03	0.03	0.04
19	0.03	0.03	0.03	0.02	0.02	0.02	0.03
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03
21	0.03	0.04	0.04	0.03	0.03	0.02	0.04
22	0.03	0.03	0.03	0.02	0.03	0.03	0.04
23	0.03	0.03	0.02	0.03	0.02	0.02	0.03
24	0.03	0.02	0.02	0.02	0.03	0.03	0.03
25	0.03	0.03	0.03	0.02	0.02	0.02	0.03
26	0.02	0.02	0.02	0.02	0.03	0.02	0.04
27	0.03	0.03	0.03	0.02	0.02	0.02	0.03
28	0.02	0.02	0.02	0.02	0.04	0.03	0.04
29	0.03	0.03	0.03	0.02	0.03	0.03	0.03
30	0.03	0.03	0.02	0.02	0.02	0.02	0.04

<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="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residuals at entry point $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
All the 4-hour turbidity readings $\leq$ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
<b>Notes:</b>	<b>PRINTED NAME:</b> Chad Marshall		
	<b>SIGNATURE:</b> 		<b>DATE:</b> 10/7/2022
	<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: Sep / 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]	<b>C X T</b>	[° C]		Use tables	Yes / No	[GPM]
01 / 1200	1.15	60	69	19	7.1	15	Yes	1736
02 / 0800	1.12	64	72	19	7.1	15	Yes	1597
03 / 1600	1.12	64	72	19	7.1	15	Yes	1597
04 / 1200	1.16	64	74	19	7.1	15	Yes	1597
05 / 1600	1.11	64	71	19	7.1	15	Yes	1597
06 / 1600	1.10	66	73	19	7.1	15	Yes	1528
07 / 2000	1.17	60	70	19	7.1	15	Yes	1736
08 / 1200	1.13	60	68	19	7.2	15	Yes	1736
09 / 0800	1.18	60	71	19	7.2	15	Yes	1736
10 / 2000	1.19	60	71	19	7.2	15	Yes	1736
11 / 0800	1.20	60	72	19	7.2	15	Yes	1736
12 / 0800	1.20	60	72	19	7.2	15	Yes	1736
13 / 1600	1.16	60	70	19	7.3	15	Yes	1736
14 / 1200	1.24	60	74	19	7.3	15	Yes	1736
15 / 1200	1.16	60	70	18	7.3	15	Yes	1736
16 / 1200	1.09	60	65	18	7.3	15	Yes	1736
17 / 1600	1.10	60	66	18	7.3	15	Yes	1736
18 / 1600	1.16	60	70	18	7.3	15	Yes	1736
19 / 1600	1.17	60	70	18	7.1	15	Yes	1736
20 / 1600	1.16	58	67	18	7.4	15	Yes	1806
21 / 1600	0.90	66	59	18	7.4	15	Yes	1528
22 / 2000	0.89	72	64	18	7.3	15	Yes	1319
23 / 2000	1.17	58	68	18	7.2	15	Yes	1806
24 / 0800	1.17	58	68	18	7.2	15	Yes	1806
25 / 2000	1.17	58	68	18	7.2	15	Yes	1806
26 / 1600	1.12	58	65	18	7.3	15	Yes	1806
27 / 1600	1.08	58	63	18	7.2	15	Yes	1806
28 / 1200	1.07	58	62	18	7.3	15	Yes	1806
29 / 0800	1.06	58	61	18	7.1	15	Yes	1806
30 / 1600	1.19	58	69	17	7.2	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)