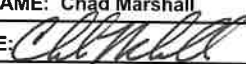


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton
Conventional or Direct Filtration

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

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day ¹ (NTU)
1	0.02	0.02	0.02	0.02	0.02	0.02	0.04
2	0.02	0.02	0.02	0.02	0.02	0.02	0.02
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	0.03
5	0.02	0.02	0.02	0.02	0.02	0.02	0.03
6	0.02	0.02	0.02	0.02	0.02	0.02	0.03
7	0.02	0.02	0.02	0.02	0.02	0.02	0.03
8	0.03	0.02	0.02	0.02	0.02	0.02	0.03
9	0.02	0.02	0.02	0.02	0.03	0.03	0.03
10	0.03	0.03	0.02	0.02	0.02	0.02	0.04
11	0.02	0.02	0.02	0.02	0.03	0.03	0.03
12	0.03	0.03	0.03	0.02	0.02	0.02	0.03
13	0.03	0.02	0.02	0.02	0.03	0.03	0.03
14	0.03	0.03	0.03	0.03	0.03	0.02	0.04
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	0.03	0.03	0.03	0.04
18	0.03	0.03	0.03	0.02	0.02	0.02	0.03
19	0.02	0.02	0.02	0.02	0.03	0.03	0.04
20	0.03	0.03	0.02	0.02	0.02	0.02	0.03
21	0.02	0.02	0.02	0.02	0.03	0.03	0.03
22	0.03	0.03	0.03	0.03	0.04	0.03	0.04
23	0.03	0.03	0.03	0.03	0.03	0.03	0.04
24	0.03	0.03	0.03	0.02	0.03	0.03	0.03
25	0.03	0.03	0.03	0.03	0.03	0.03	0.04
26	0.03	0.03	0.03	0.03	0.04	0.03	0.04
27	0.03	0.03	0.03	0.03	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	0.03	0.03	0.04
31	0.03	0.03	0.03	0.02	0.03	0.03	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="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No			
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No ²			
Notes:	PRINTED NAME: Chad Marshall		
	SIGNATURE: 	DATE: 11-3-2022	
	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: Oct / 2022

Required Log
Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
01 / 1200	1.07	58	62	17	7.1	15	Yes	1806
02 / 1600	1.18	58	68	17	7.1	15	Yes	1806
03 / 1200	1.20	58	70	17	7.3	15	Yes	1806
04 / 1200	1.21	58	70	17	7.2	15	Yes	1806
05 / 2000	1.22	58	71	17	7.3	15	Yes	1806
06 / 1600	1.12	58	65	17	7.2	15	Yes	1806
07 / 1600	1.19	58	69	16	7.3	15	Yes	1806
08 / 1600	1.19	60	71	16	7.3	15	Yes	1736
09 / 1200	1.19	60	71	17	7.3	15	Yes	1736
10 / 1600	1.13	60	68	17	7.3	15	Yes	1736
11 / 1.14	1.14	60	68	17	7.3	15	Yes	1736
12 / 1600	1.14	60	68	16	7.4	15	Yes	1736
13 / 1200	1.07	60	64	16	7.3	15	Yes	1736
14 / 1600	1.12	60	67	16	7.6	19	Yes	1736
15 / 1200	1.16	60	70	16	7.4	15	Yes	1736
16 / 1200	1.10	60	66	16	7.4	15	Yes	1736
17 / 1200	1.15	60	69	16	7.4	15	Yes	1736
18 / 1600	1.15	60	69	16	7.3	15	Yes	1736
19 / 1200	1.16	60	70	16	7.3	15	Yes	1736
20 / 0800	1.18	60	71	16	7.3	15	Yes	1736
21 / 1200	1.20	58	70	16	7.3	15	Yes	1806
22 / 1600	1.10	58	64	15	7.2	15	Yes	1806
23 / 1200	1.16	58	67	15	7.1	15	Yes	1806
24 / 2000	1.14	58	66	14	7.4	23	Yes	1806
25 / 1200	1.16	58	67	14	7.4	23	Yes	1806
26 / 2000	1.09	58	63	13	7.2	23	Yes	1806
27 / 1600	1.17	60	70	13	7.4	23	Yes	1736
28 / 1600	1.21	60	73	13	7.4	23	Yes	1736
29 / 1600	1.12	60	67	13	7.4	23	Yes	1736
30 / 1200	1.15	62	71	13	7.4	23	Yes	1667
31 / 2000	1.12	58	65	13	7.4	23	Yes	1806

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.