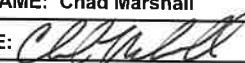


OHA - Drinking Water Program - Turbidity Monitoring Report Form **County: Benton**
Conventional or Direct Filtration

System Name: Corvallis, City of ID#: 41 00225 WTP: WTP - B							Month/Year: Dec / 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	0.04	0.04	0.04	0.03	0.05	0.04	0.06
2	0.03	0.03	0.03	0.03	0.03	0.03	0.06
3	0.03	0.03	0.03	0.03	0.03	0.03	0.06
4	0.03	0.03	0.03	0.02	0.03	0.03	0.05
5	0.03	0.03	0.03	0.03	0.03	0.03	0.07
6	0.03	0.03	0.03	0.03	0.04	0.03	0.05
7	0.03	0.03	0.03	0.03	0.03	0.03	0.04
8	0.03	0.03	0.03	0.03	0.04	0.03	0.04
9	0.03	0.03	0.03	0.03	0.03	0.03	0.04
10	0.03	0.03	0.03	0.03	0.04	0.03	0.05
11	0.03	0.03	0.03	0.04	0.03	0.03	0.04
12	0.03	0.03	0.03	0.02	0.05	0.03	0.13
13	0.03	0.03	0.03	0.02	0.03	0.03	0.04
14	0.03	0.03	0.03	0.02	0.03	0.03	0.04
15	0.03	0.02	0.02	0.03	0.05	0.03	0.05
16	0.03	0.03	0.03	0.03	0.03	0.03	0.04
17	0.03	0.03	0.03	0.03	0.03	0.03	0.04
18	0.04	0.03	0.03	0.03	0.03	0.03	0.06
19	0.03	0.03	0.03	0.03	0.05	0.03	0.06
20	0.03	0.03	0.03	0.03	0.03	0.03	0.04
21	0.03	0.03	0.03	0.03	0.04	0.03	0.05
22	0.03	0.03	0.03	0.04	0.03	0.03	0.04
23	0.03	0.03	0.03	0.03	0.03	0.03	0.06
24	0.03	0.03	0.03	0.04	0.03	0.03	0.05
25	0.03	0.03	0.03	0.04	0.04	0.03	0.04
26	0.03	0.03	0.03	0.03	0.04	0.04	0.05
27	0.04	0.04	0.04	0.04	0.05	0.04	0.06
28	0.03	0.03	0.03	0.03	0.04	0.03	0.05
29	0.03	0.03	0.03	0.03	0.04	0.03	0.05
30	0.03	0.03	0.03	0.03	0.05	0.04	0.06
31	0.03	0.03	0.03	0.03	0.04	0.03	0.05

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		CT's met everyday? (see back)	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <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 ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²			
Notes:		PRINTED NAME: Chad Marshall	
		SIGNATURE: 	
		DATE: 1-9-2023	
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: Dec / 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? *	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
01 / 1200	1.09	70	76	7	7.4	31	Yes	1389
02 / 1200	1.17	60	70	7	7.5	31	Yes	1736
03 / 1200	1.15	60	69	7	7.5	31	Yes	1736
04 / 1600	1.20	60	72	7	7.5	31	Yes	1736
05 / 1600	1.13	58	66	7	7.5	31	Yes	1806
06 / 1600	1.07	60	64	7	7.4	31	Yes	1736
07 / 1600	1.15	58	67	7	7.5	31	Yes	1806
08 / 1600	1.13	60	68	7	7.5	31	Yes	1736
09 / 1200	1.17	60	70	7	7.2	31	Yes	1736
10 / 0800	1.10	60	66	7	7.3	31	Yes	1736
11 / 1200	1.10	60	66	7	7.4	31	Yes	1736
12 / 1600	1.07	58	62	8	7.3	31	Yes	1806
13 / 1600	1.12	58	65	7	7.4	31	Yes	1806
14 / 1200	1.17	60	70	7	7.4	31	Yes	1736
15 / 1600	1.22	60	73	7	7.4	31	Yes	1736
16 / 0800	1.16	58	67	6	7.4	31	Yes	1806
17 / 1200	1.21	64	77	6	7.5	31	Yes	1597
18 / 1200	1.15	58	67	6	7.5	31	Yes	1806
19 / 1600	1.12	58	65	6	7.4	31	Yes	1806
20 / 1200	1.14	58	66	6	7.5	31	Yes	1806
21 / 1600	1.13	58	66	6	7.4	31	Yes	1806
22 / 1200	1.20	60	72	6	7.4	31	Yes	1736
23 / 1200	1.14	58	66	6	7.4	31	Yes	1806
24 / 0800	1.16	68	79	5	7.5	31	Yes	1458
25 / 1200	1.18	66	78	6	7.4	31	Yes	1528
26 / 1600	1.13	66	75	6	7.5	31	Yes	1528
27 / 1200	1.14	68	78	7	7.2	31	Yes	1458
28 / 1200	1.26	66	83	8	7.2	31	Yes	1528
29 / 1600	1.17	68	80	8	7.5	31	Yes	1458
30 / 0800	1.13	70	79	8	7.5	31	Yes	1389
31 / 1600	1.13	64	72	8	7.5	31	Yes	1597

* 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