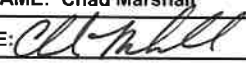


OHA - Drinking Water Program - Turbidity Monitoring Report Form **County: Benton**
Conventional or Direct Filtration

System Name: Corvallis, City of **ID#: 41 00225 WTP-: WTP - B** **Month/Year: Feb / 2023**

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	0.03	0.06	0.03	0.02	0.03	0.03	0.06
2	0.03	0.03	0.05	0.05	0.03	0.03	0.05
3	0.03	0.03	0.03	0.04	0.03	0.03	0.05
4	0.03	0.03	0.03	0.03	0.05	0.03	0.05
5	0.03	0.03	0.03	0.03	0.04	0.03	0.05
6	0.03	0.03	0.03	0.03	0.03	0.03	0.06
7	0.03	0.03	0.03	0.03	0.03	0.03	0.05
8	0.03	0.03	0.03	0.03	0.03	0.03	0.05
9	0.03	0.03	0.03	0.03	0.03	0.03	0.04
10	0.03	0.03	0.03	0.04	0.03	0.03	0.04
11	0.03	0.03	0.03	0.02	0.03	0.03	0.05
12	0.03	0.03	0.03	0.02	0.03	0.03	0.05
13	0.03	0.03	0.03	0.02	0.03	0.03	0.04
14	0.03	0.03	0.03	0.03	0.03	0.03	0.05
15	0.03	0.03	0.03	0.03	0.03	0.03	0.04
16	0.03	0.03	0.04	0.03	0.03	0.03	0.05
17	0.03	0.03	0.03	0.03	0.03	0.03	0.05
18	0.03	0.03	0.04	0.03	0.03	0.03	0.06
19	0.03	0.03	0.05	0.03	0.03	0.03	0.05
20	0.03	0.03	0.04 ²	0.03	0.03	0.03	0.06
21	0.03	0.03	0.03	0.04	0.03	0.03	0.05
22	0.03	0.03	0.03	0.03	0.03	0.03	0.05
23	0.03	0.03	0.03	0.04	0.03	0.03	0.05
24	0.03	0.03	0.03	0.04	0.03	0.03	0.05
25	0.03	0.03	0.06	0.04	0.03	0.03	0.06
26	0.03	0.04	0.03	0.03	0.03	0.03	0.06
27	0.03	0.03	0.03	0.04	0.03	0.03	0.05
28	0.03	0.04	0.03	0.03	0.05	0.03	0.06

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 / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No			
All turbidity readings < IFE ² triggers? <input checked="" type="checkbox"/> Yes / No			
Notes:	PRINTED NAME: Chad Marshall		
	SIGNATURE: 	DATE: 3-7-2023	
	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: Feb / 2023

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	1.03	36	37	5	7.4	30	Yes	1667
02 / 1600	1.21	36	44	5	7.4	31	Yes	1667
03 / 1600	1.20	36	43	5	7.5	31	Yes	1667
04 / 1600	1.13	36	41	6	7.5	31	Yes	1736
05 / 1600	1.08	36	39	6	7.5	31	Yes	1667
06 / 2000	1.05	36	38	6	7.4	31	Yes	1736
07 / 1600	1.15	36	41	7	7.4	31	Yes	1667
08 / 0800	1.16	36	42	7	7.4	31	Yes	1667
09 / 1200	1.18	36	42	7	7.4	31	Yes	1736
10 / 1200	1.18	36	42	7	7.4	31	Yes	1736
11 / 1200	1.21	36	44	7	7.5	31	Yes	1667
12 / 1600	1.21	36	44	7	7.5	31	Yes	1667
13 / 0800	1.28	36	46	7	7.5	31	Yes	1667
14 / 1200	1.28	36	46	7	7.2	31	Yes	1736
15 / 1600	1.29	36	46	6	7.2	31	Yes	1736
16 / 1200	1.31	36	47	6	7.2	31	Yes	1667
17 / 1600	1.29	36	46	6	7.2	31	Yes	1667
18 / 1200	1.30	36	47	6	7.1	31	Yes	1667
19 / 1200	1.29	36	46	6	7.1	31	Yes	1667
20 / 1200	1.27	36	46	6	7.2	31	Yes	1667
21 / 1600	1.25	36	45	7	7.2	31	Yes	1736
22 / 1200	1.35	36	49	6	7.2	31	Yes	1667
23 / 1200	1.32	36	48	5	7.2	31	Yes	1667
24 / 1200	1.30	36	47	6	7.2	31	Yes	1667
25 / 1200	1.34	36	48	5	7.3	31	Yes	1667
26 / 1600	1.31	36	47	5	7.2	31	Yes	1736
27 / 1200	1.32	36	48	5	7.3	31	Yes	1667
28 / 1200	1.31	36	47	5	7.2	31	Yes	1736

³ 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