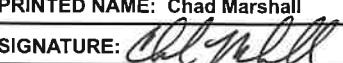


OHA - Drinking Water Program - Turbidity Monitoring Report Form **County: Benton**
Conventional or Direct Filtration

System Name: Corvallis, City of ID#: 41 00225 WTP-: WTP - B							Month/Year: Mar / 2023
DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day¹ (NTU)
1	0.03	0.03	0.04	0.04	0.03	0.03	0.06
2	0.03	0.04	0.03	0.03	0.04	0.03	0.05
3	0.03	0.03	0.03	0.04	0.03	0.03	0.07
4	0.03	0.03	0.05	0.03	0.03	0.03	0.06
5	0.03	0.03	0.04	0.05	0.03	0.03	0.06
6	0.03	0.03	0.05	0.05	0.04	0.03	0.06
7	0.03	0.03	0.03	0.03	0.03	0.03	0.05
8	0.03	0.03	0.04	0.03	0.03	0.03	0.06
9	0.03	0.03	0.04	0.05	0.03	0.03	0.07
10	0.03	0.03	0.03	0.03	0.05	0.03	0.06
11	0.03	0.03	0.03	0.03	0.03	0.03	0.06
12	0.03	0.03	0.03	0.04	0.03	0.03	0.05
13	0.03	0.03	0.03	0.03	0.03	0.05	0.08
14	0.04	0.04	0.04	0.04	0.04	0.03	0.06
15	0.03	0.03	0.03	0.03	0.04	0.03	0.05
16	0.03	0.03	0.03	0.03	0.03	0.03	0.05
17	0.03	0.03	0.03	0.03	0.04	0.03	0.05
18	0.03	0.03	0.03	0.03	0.03	0.03	0.06
19	0.03	0.03	0.03	0.03	0.03	0.03	0.05
20	0.03	0.03	0.03	0.03	0.03	0.03	0.04
21	0.03	0.03	0.03	0.03	0.03	0.03	0.05
22	0.03	0.03	0.03	0.03	0.03	0.03	0.04
23	0.03	0.03	0.03	0.03	0.03	0.03	0.05
24	0.03	0.03	0.03	0.03	0.03	0.03	0.04
25	0.03	0.03	0.03	0.03	0.04	0.03	0.06
26	0.03	0.03	0.03	0.03	0.03	0.03	0.05
27	0.03	0.03	0.03	0.04	0.03	0.03	0.05
28	0.03	0.03	0.03	0.05	0.03	0.03	0.05
29	0.03	0.03	0.03	0.03	0.03	0.03	0.05
30	0.03	0.03	0.03	0.05	0.03	0.03	0.06
31	0.03	0.03	0.03	0.03	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="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: 4-7-2023	
				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: Mar / 2023				Required Log Inactivation	0.5
Date / Time	Minimum Cl ₂ Residual at 1st User (C) [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT Use tables	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]	
01 / 1600	1.23	36	44	5	7.1	31	Yes	1736	
02 / 1600	1.26	36	45	6	7.2	31	Yes	1736	
03 / 1200	1.29	36	46	6	7.2	31	Yes	1667	
04 / 1600	1.32	36	48	6	7.2	31	Yes	1736	
05 / 1600	1.30	36	47	6	7.2	31	Yes	1736	
06 / 1600	1.33	36	48	6	7.2	31	Yes	1736	
07 / 1200	1.28	36	46	6	7.2	31	Yes	1736	
08 / 1600	1.29	36	46	6	7.2	31	Yes	1736	
09 / 0800	1.29	36	46	6	7.2	31	Yes	1736	
10 / 0800	1.30	36	47	6	7.2	31	Yes	1736	
11 / 1200	1.26	36	45	6	7.2	31	Yes	1736	
12 / 1200	1.33	36	48	7	7.3	31	Yes	1736	
13 / 1600	1.25	36	45	7	7.2	31	Yes	1458	
14 / 1600	1.33	36	48	7	7.4	31	Yes	1458	
15 / 1600	1.31	36	47	7	7.3	31	Yes	1458	
16 / 0800	1.30	36	47	7	7.4	31	Yes	1736	
17 / 1200	1.29	36	46	7	7.3	31	Yes	1736	
18 / 1200	1.30	36	47	8	7.2	31	Yes	1736	
19 / 1200	1.31	36	47	8	7.2	31	Yes	1736	
20 / 1600	1.27	36	46	8	7.1	31	Yes	1736	
21 / 1600	1.19	36	43	8	7.2	31	Yes	1736	
22 / 1200	1.30	36	47	8	7.1	31	Yes	1736	
23 / 1600	1.32	36	48	8	7.1	31	Yes	1736	
24 / 1600	1.32	36	48	6	7.1	31	Yes	1736	
25 / 1200	1.30	36	47	8	7.2	31	Yes	1736	
26 / 1200	1.33	36	48	7	7.2	31	Yes	1736	
27 / 1600	1.36	36	49	6	7.2	31	Yes	1736	
28 / 1200	1.35	36	49	7	7.3	31	Yes	1736	
29 / 1600	1.28	36	46	7	7.2	31	Yes	1736	
30 / 1200	1.30	36	47	7	7.3	31	Yes	1736	
31 / 1600	1.32	36	48	8	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