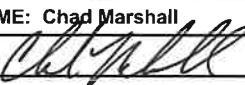


**OHA - Drinking Water Program - Turbidity Monitoring Report Form**    **County: Benton**  
**Conventional or Direct Filtration**

<b>System Name: Corvallis, City of ID#: 41 00225 WTP-: WTP - B</b>							<b>Month/Year: Apr / 2023</b>
<b>DAY</b>	<b>12 AM (NTU)</b>	<b>4 AM (NTU)</b>	<b>8 AM (NTU)</b>	<b>NOON (NTU)</b>	<b>4 PM (NTU)</b>	<b>8 PM (NTU)</b>	<b>Highest Reading of the Day<sup>1</sup> (NTU)</b>
1	0.03	0.03	0.03	0.03	0.05	0.04	0.07
2	0.03	0.03	0.03	0.03	0.04	0.03	0.05
3	0.03	0.03	0.03	0.03	0.03	0.03	0.06
4	0.03	0.03	0.03	0.03	0.03	0.03	0.05
5	0.03	0.03	0.03	0.04	0.03	0.03	0.05
6	0.03	0.03	0.03	0.04	0.03	0.03	0.05
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	0.05
10	0.03	0.03	0.03	0.03	0.03	0.03	0.05
11	0.03	0.03	0.03	0.03	0.03	0.03	0.08
12	0.03	0.03	0.03	0.02	0.03	0.03	0.04
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.03	0.03	0.04	0.03	0.03	0.05
15	0.03	0.03	0.03	0.03	0.03	0.03	0.05
16	0.03	0.03	0.03	0.04	0.03	0.03	0.06
17	0.03	0.03	0.04	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	0.06	0.03	0.03	0.03	0.03	0.06
20	0.03	0.03	0.03	0.04	0.03	0.03	0.06
21	0.03	0.03	0.03	0.03	0.04	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	0.03	0.04	0.03	0.05
24	0.03	0.03	0.03	0.03	0.03	0.03	0.05
25	0.03	0.03	0.03	0.03	0.03	0.03	0.05
26	0.03	0.03	0.03	0.03	0.03	0.03	0.05
27	0.03	0.03	0.03	0.03	0.03	0.03	0.05
28	0.03	0.03	0.03	0.03	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	0.03	0.03	0.03	0.05
<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="checkbox"/> Yes <input type="checkbox"/> No				CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
All the 4-hour turbidity readings $\leq$ 1 NTU? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				All Cl <sub>2</sub> residuals at entry point $\geq$ 0.2 mg/l? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <sup>2</sup>							
<b>Notes:</b>				PRINTED NAME: Chad Marshall SIGNATURE:  DATE: 5-5-23 PHONE #: (541) 754-1758      CERT #: 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: Apr / 2023				Required Log Inactivation <sup>3</sup> 0.5		
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) [ppm or mg/L]	Contact Time ( T ) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]
01 / 0800	1.28	36	46	8	7.1	31	Yes	1736
02 / 1200	1.32	36	48	8	7.4	31	Yes	1806
03 / 1200	1.34	36	48	8	7.2	31	Yes	1736
04 / 1200	1.29	36	46	8	7.2	31	Yes	1736
05 / 1600	1.34	36	48	8	7.3	31	Yes	1736
06 / 1200	1.33	36	48	8	7.3	31	Yes	1667
07 / 0800	1.31	36	47	8	7.3	31	Yes	1667
08 / 1200	1.31	36	47	9	7.3	31	Yes	1667
09 / 2000	1.34	36	48	9	7.3	31	Yes	1667
10 / 1200	1.30	36	47	9	7.3	31	Yes	1667
11 / 1600	1.32	36	48	9	7.2	31	Yes	1667
12 / 1200	1.31	36	47	9	7.2	31	Yes	1667
13 / 1200	1.34	36	48	9	7.3	31	Yes	1806
14 / 1200	1.31	36	47	9	7.3	31	Yes	1806
15 / 1600	1.30	36	47	9	7.3	31	Yes	1806
16 / 1600	1.34	36	48	10	7.2	23	Yes	1806
17 / 1600	1.30	36	47	9	7.2	31	Yes	1806
18 / 1200	1.29	36	46	9	7.2	31	Yes	1806
19 / 1200	1.31	36	47	9	7.1	31	Yes	1806
20 / 1200	1.36	36	49	9	7.2	31	Yes	1806
21 / 1200	1.32	36	48	9	7.3	31	Yes	1806
22 / 1200	1.33	36	48	9	7.4	31	Yes	1806
23 / 1200	1.33	36	48	10	7.4	23	Yes	1806
24 / 1600	1.27	36	46	10	7.3	23	Yes	1806
25 / 1200	1.28	36	46	10	7.4	23	Yes	1806
26 / 1600	1.22	36	44	10	7.4	23	Yes	1806
27 / 1200	1.28	36	46	11	7.4	23	Yes	1806
28 / 1200	1.30	36	47	10	7.4	23	Yes	1806
29 / 1600	1.32	36	48	12	7.3	23	Yes	1806
30 / 1200	1.36	36	49	13	7.3	23	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)