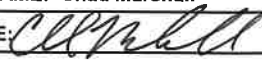


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton
Conventional or Direct Filtration

System Name: Corvallis, City of ID#: 41 00225 WTP-: WTP - B Month/Year: May / 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	0.03	0.03	0.03	0.03	0.03	0.04
2	0.03	0.03	0.03	0.03	0.03	0.03	0.04
3	0.03	0.03	0.03	0.03	0.03	0.03	0.04
4	0.03	0.03	0.03	0.03	0.03	0.03	0.04
5	0.03	0.03	0.03	0.03	0.03	0.03	0.04
6	0.03	0.03	0.03	0.03	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	0.04
10	0.03	0.03	0.03	0.03	0.03	0.03	0.04
11	0.03	0.03	0.03	0.03	0.03	0.03	0.04
12	0.03	0.03	0.03	0.03	0.03	0.03	0.05
13	0.03	0.03	0.03	0.03	0.03	0.03	0.05
14	0.03	0.03	0.03	0.03	0.03	0.03	0.04
15	0.03	0.03	Off	Off	Off	Off	0.03
16	Off	Off	Off	Off	Off	Off	Off
17	Off	Off	Off	Off	Off	Off	Off
18	Off	Off	Off	Off	0.04	0.03	0.05
19	0.03	0.03	0.03	0.03	0.03	0.03	0.04
20	0.03	0.03	0.03	0.03	0.02	0.03	0.03
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	0.03	0.02	0.03	0.03
25	0.03	0.03	0.03	0.03	0.03	0.03	0.05
26	0.03	0.03	0.03	0.03	0.02	0.02	0.03
27	0.03	0.03	0.03	0.02	0.03	0.03	0.04
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03
29	0.03	0.03	0.03	0.02	0.03	0.03	0.04
30	0.03	0.03	0.03	0.03	0.02	0.03	0.03
31	0.03	0.03	0.03	0.02	0.03	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="radio"/> Yes / <input type="radio"/> No	Notes:	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			
		PRINTED NAME: Chad Marshall	
		SIGNATURE: 	DATE: 6/5/2023
		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: May / 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 / 1600	1.27	36	46	10	7.2	23	Yes	1806
02 / 2000	1.32	36	48	10	7.2	23	Yes	1806
03 / 1600	1.35	36	49	10	7.3	23	Yes	1806
04 / 2000	1.31	36	47	12	7.3	23	Yes	1806
05 / 0800	1.32	36	48	12	7.3	23	Yes	1806
06 / 1600	1.31	36	47	12	7.3	23	Yes	1806
07 / 1200	1.32	36	48	12	7.3	23	Yes	1806
08 / 0800	1.37	36	49	12	7.3	23	Yes	1806
09 / 1200	1.33	36	48	12	7.3	23	Yes	1806
10 / 1200	1.34	36	48	12	7.3	23	Yes	1875
11 / 1200	1.31	36	47	12	7.3	23	Yes	1806
12 / 1200	1.26	36	45	13	7.3	23	Yes	1806
13 / 1600	1.33	36	48	13	7.3	23	Yes	1806
14 / 0800	1.31	36	47	14	7.3	23	Yes	1806
15 / Off ¹							Off ¹	
16 / Off ¹							Off ¹	
17 / Off ¹							Off ¹	
18 / 1600	1.33	36	48	15	7.3	16	Yes	1528
19 / 1200	1.35	36	49	14	7.3	23	Yes	1944
20 / 1200	1.27	36	46	15	7.3	16	Yes	1875
21 / 1200	1.30	36	47	15	7.2	16	Yes	1875
22 / 1600	1.30	36	47	15	7.3	16	Yes	1875
23 / 1200	1.25	36	45	14	7.2	23	Yes	1806
24 / 1600	1.32	36	48	14	7.3	23	Yes	1806
25 / 1600	1.34	36	48	14	7.3	23	Yes	1806
26 / 1600	1.30	36	47	15	7.3	16	Yes	1806
27 / 1200	1.35	36	49	15	7.3	16	Yes	1806
28 / 1200	1.37	36	49	15	7.3	16	Yes	1875
29 / 1200	1.35	36	49	15	7.3	16	Yes	1806
30 / 1600	1.36	36	49	15	7.3	16	Yes	1875
31 / 1200	1.33	36	48	15	7.2	16	Yes	1806

¹ Plant Offline

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