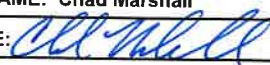


**OHA - Drinking Water Program - Turbidity Monitoring Report Form    County: Benton**  
**Conventional or Direct Filtration**

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

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day <sup>1</sup> (NTU)
1	0.03	0.03	0.03	0.03	0.02	0.03	0.03
2	0.03	0.03	0.03	0.02	0.03	0.03	0.04
3	0.03	0.03	0.03	0.03	0.02	0.03	0.03
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	0.02	0.03
6	0.03	0.03	0.03	0.02	0.03	0.03	0.04
7	0.03	0.03	0.03	0.03	0.03	0.03	0.03
8	0.03	0.03	0.03	0.02	0.03	0.03	0.05
9	0.03	0.03	0.03	0.03	0.03	0.03	0.03
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	0.03
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	0.03
14	0.03	0.03	0.03	0.03	0.03	0.03	0.05
15	0.03	0.03	0.03	0.03	0.02	0.02	0.03
16	0.03	0.03	0.02	0.02	0.03	0.03	0.04
17	0.03	0.03	0.03	0.02	0.02	0.02	0.03
18	0.03	0.03	0.02	0.02	0.03	0.03	0.05
19	0.03	0.03	0.02	0.02	0.02	0.02	0.03
20	0.03	0.02	0.02	0.02	0.03	0.03	0.04
21	0.03	0.03	0.02	0.02	0.02	0.02	0.03
22	0.02	0.02	0.02	0.02	0.03	0.03	0.04
23	0.03	0.03	0.02	0.02	0.02	0.02	0.03
24	0.02	0.02	0.02	0.02	0.03	0.02	0.05
25	0.03	0.03	0.02	0.02	0.02	0.02	0.03
26	0.02	0.02	0.02	0.02	0.03	0.03	0.03
27	0.03	0.03	0.03	0.02	0.02	0.02	0.03
28	0.02	0.02	0.02	0.02	0.03	0.03	0.04
29	0.03	0.03	0.03	0.02	0.02	0.02	0.03
30	0.02	0.03	0.02	0.02	0.03	0.03	0.04

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of the 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l?
All the 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers?	<input checked="" type="radio"/> Yes <input type="radio"/> No <sup>2</sup>		
<b>Notes:</b>	<b>PRINTED NAME:</b> Chad Marshall		
	<b>SIGNATURE:</b> 		<b>DATE:</b> 7/5/2023
	<b>PHONE #:</b> (541) 754-1758		<b>CERT #:</b> 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: Jun / 2023**      Required Log Inactivation: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>a</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>a</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		Use tables	Yes / No	[GPM]
01 / 1600	1.09	36	39	14	7.2	23	Yes	1806
02 / 2000	1.14	36	41	14	7.3	23	Yes	1806
03 / 1600	1.15	36	41	14	7.3	23	Yes	1806
04 / 1600	1.13	36	41	15	7.3	15	Yes	1806
05 / 1600	1.10	36	40	15	7.3	15	Yes	1875
06 / 1200	1.13	36	41	15	7.3	15	Yes	1806
07 / 1600	1.14	36	41	16	7.3	15	Yes	1806
08 / 1600	1.10	36	40	16	7.3	15	Yes	1875
09 / 2000	1.10	36	40	16	7.3	15	Yes	1806
10 / 1200	1.17	36	42	16	7.3	15	Yes	1806
11 / 1600	1.13	36	41	16	7.3	15	Yes	1875
12 / 1200	1.11	36	40	16	7.2	15	Yes	1806
13 / 1200	1.11	36	40	17	7.3	15	Yes	1528
14 / 1200	1.13	36	41	17	7.3	15	Yes	1458
15 / 2000	1.04	36	37	16	7.2	15	Yes	1875
16 / 2000	1.10	36	40	16	7.2	15	Yes	1944
17 / 2000	1.10	36	40	16	7.2	15	Yes	1944
18 / 2000	1.10	36	40	17	7.2	15	Yes	1944
19 / 2000	1.04	36	37	16	7.2	15	Yes	1944
20 / 2000	1.13	36	41	15	7.2	15	Yes	1736
21 / 1200	1.05	36	38	14	7.2	23	Yes	1875
22 / 1200	1.05	36	38	15	7.2	15	Yes	1944
23 / 1200	1.07	36	39	15	7.2	15	Yes	1875
24 / 1200	1.05	36	38	15	7.2	15	Yes	1875
25 / 1200	1.04	36	37	16	7.2	15	Yes	1875
26 / 1200	1.04	36	37	16	7.2	15	Yes	1875
27 / 1200	1.08	36	39	16	7.2	15	Yes	1875
28 / 1200	1.04	36	37	16	7.2	15	Yes	1806
29 / 2000	1.06	36	38	16	7.2	15	Yes	1875
30 / 2000	1.07	36	39	17	7.2	15	Yes	1806

<sup>a</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)