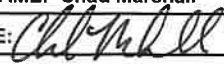


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton
Conventional or Direct Filtration

System Name: Corvallis, City of ID#: 41 00225 WTP:- WTP - B Month/Year: Jul / 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	0.02	0.02	0.02	0.03
2	0.03	0.03	0.02	0.02	0.03	0.03	0.04
3	0.03	0.03	0.03	0.02	0.02	0.02	0.03
4	0.03	0.03	0.03	0.02	0.03	0.03	0.03
5	0.03	0.03	0.03	0.02	0.02	0.02	0.03
6	0.03	0.03	0.03	0.02	0.03	0.03	0.03
7	0.03	0.03	0.03	0.02	0.02	0.02	0.04
8	0.03	0.03	0.03	0.02	0.03	0.03	0.03
9	0.03	0.03	0.03	0.02	0.02	0.02	0.03
10	0.03	0.03	0.02	0.02	0.03	0.03	0.03
11	0.03	0.03	0.03	0.02	0.02	0.02	0.03
12	0.03	0.02	0.02	0.02	0.03	0.03	0.03
13	0.03	0.03	0.03	0.02	0.02	0.02	0.03
14	0.03	0.03	0.02	0.02	0.03	0.03	0.04
15	0.03	0.03	0.03	0.02	0.02	0.03	0.03
16	0.03	0.03	0.03	0.03	0.03	0.03	0.03
17	0.03	0.03	0.03	0.03	0.02	0.03	0.04
18	0.03	0.03	0.03	0.02	0.03	0.03	0.04
19	0.03	0.03	0.03	0.02	0.02	0.03	0.03
20	0.03	0.03	0.03	0.02	0.03	0.03	0.04
21	0.03	0.03	0.03	0.03	0.02	0.02	0.03
22	0.03	0.03	0.02	0.02	0.03	0.03	0.04
23	0.04	0.03	0.03	0.03	0.02	0.03	0.05
24	0.03	0.03	0.02	0.02	0.03	0.03	0.03
25	0.03	0.03	0.03	0.03	0.02	0.03	0.04
26	0.03	0.03	0.03	0.03	0.03	0.03	0.04
27	0.03	0.03	0.03	0.03	0.02	0.03	0.04
28	0.03	0.03	0.03	0.02	0.03	0.03	0.04
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03
30	0.03	0.03	0.03	0.02	0.03	0.03	0.04
31	0.03	0.03	0.03	0.03	0.03	0.03	0.03

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	All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	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 turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No		Notes:	
		PRINTED NAME: Chad Marshall	
		SIGNATURE: 	DATE: 8/4/2023
		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: Jul / 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	1.06	36	38	17	7.2	15	Yes	1806
02 / 1200	1.10	36	40	17	7.2	15	Yes	1806
03 / 1200	1.07	36	39	17	7.2	15	Yes	1806
04 / 1200	1.07	36	39	17	7.2	15	Yes	1806
05 / 1600	1.11	36	40	18	7.2	15	Yes	1806
06 / 2000	1.08	36	39	18	7.2	15	Yes	1806
07 / 1600	1.08	36	39	18	7.2	15	Yes	1806
08 / 1200	1.09	36	39	17	7.2	15	Yes	1806
09 / 1200	1.10	36	40	17	7.2	15	Yes	1806
10 / 2000	1.14	36	41	17	7.2	15	Yes	1806
11 / 1600	1.13	36	41	17	7.2	15	Yes	1806
12 / 2000	1.01	36	36	17	7.2	15	Yes	1736
13 / 1200	1.13	36	41	17	7.3	15	Yes	1736
14 / 0800	1.10	36	40	17	7.2	15	Yes	1736
15 / 1200	1.11	36	40	18	7.3	15	Yes	1736
16 / 1600	1.10	36	40	18	7.3	15	Yes	1736
17 / 1600	1.05	36	38	18	7.3	15	Yes	1806
18 / 1200	1.08	36	39	18	7.3	15	Yes	1806
19 / 1600	1.10	36	40	18	7.2	15	Yes	1736
20 / 0800	1.10	36	40	18	7.2	15	Yes	1736
21 / 1600	1.06	36	38	18	7.1	15	Yes	1736
22 / 1200	1.10	36	40	18	7.1	15	Yes	1736
23 / 1600	1.10	36	40	18	7.1	15	Yes	1736
24 / 1200	1.14	36	41	18	7.1	15	Yes	1736
25 / 1600	1.06	36	38	18	7.1	15	Yes	1736
26 / 2000	1.13	36	41	18	7.2	15	Yes	1736
27 / 1600	1.14	36	41	18	7.2	15	Yes	1736
28 / 2000	1.12	36	40	18	7.2	15	Yes	1736
29 / 1600	1.05	36	38	18	7.2	15	Yes	1736
30 / 2000	1.05	36	38	18	7.2	15	Yes	1736
31 / 1200	1.04	36	37	18	7.2	15	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