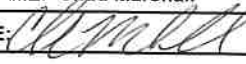


**OHA - Drinking Water Program - Turbidity Monitoring Report Form    County: Benton**  
**Conventional or Direct Filtration**

**System Name: Corvallis, City of    ID#: 41 00225 WTP-: WTP - B    Month/Year: Aug / 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	0.03	0.03	0.06
2	0.03	0.03	0.03	0.03	0.03	0.03	0.05
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	0.03
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	0.03
7	0.03	0.03	0.03	0.03	0.03	0.03	0.04
8	0.03	0.03	0.03	0.03	0.03	0.03	0.03
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	0.03
11	0.03	0.03	0.03	0.03	0.04	0.03	0.04
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.03	0.03	0.03	0.03	0.03	0.03
15	0.03	0.03	0.03	0.03	0.03	0.03	0.04
16	0.03	0.03	0.03	0.03	0.03	0.03	0.03
17	0.03	0.03	0.03	0.03	0.03	0.03	0.04
18	0.03	0.03	0.03	0.03	0.03	0.03	0.03
19	0.03	0.03	0.03	0.03	0.03	0.03	0.04
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03
21	0.03	0.03	0.03	0.03	0.03	0.03	0.04
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03
23	0.03	0.03	0.03	0.03	0.03	0.03	0.04
24	0.03	0.03	0.03	0.03	0.03	0.03	0.05
25	0.03	0.03	0.03	0.03	0.04	0.03	0.05
26	0.03	0.03	0.03	0.03	0.03	0.03	0.03
27	0.03	0.03	0.03	0.03	0.04	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	0.03	0.03	0.03	0.04
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03
31	0.03	0.03	0.03	0.03	0.04	0.05	0.05

<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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> 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 <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> 9/5/23	
	<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: Aug / 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 / 1200	1.09	36	39	18	7.1	15	Yes	1736
02 / 1600	1.08	36	39	18	7.1	15	Yes	1736
03 / 1200	1.06	36	38	18	7.1	15	Yes	1736
04 / 1200	1.11	36	40	19	7.1	15	Yes	1736
05 / 1200	1.08	36	39	19	7.1	15	Yes	1736
06 / 1600	1.10	36	40	19	7.1	15	Yes	1736
07 / 1600	1.08	36	39	19	7.1	15	Yes	1736
08 / 1600	1.09	36	39	19	7.1	15	Yes	1736
09 / 1600	1.09	36	39	19	7.1	15	Yes	1736
10 / 1600	1.07	36	39	19	7.1	15	Yes	1736
11 / 0800	1.10	36	40	19	7.1	15	Yes	1736
12 / 1600	1.07	36	39	19	7.1	15	Yes	1736
13 / 1200	1.03	36	37	19	7.1	15	Yes	1667
14 / 1200	1.11	36	40	20	7.1	12	Yes	1667
15 / 1200	1.16	36	42	20	7.0	10	Yes	1667
16 / 1200	1.09	36	39	20	7.1	12	Yes	1667
17 / 2000	1.16	36	42	21	7.1	12	Yes	1667
18 / 1200	1.11	36	40	20	7.1	12	Yes	1667
19 / 1200	1.08	36	39	20	7.1	12	Yes	1667
20 / 1200	1.10	36	40	20	7.1	12	Yes	1667
21 / 1200	1.13	36	41	20	7.1	12	Yes	1667
22 / 1600	1.13	36	41	20	7.1	12	Yes	1667
23 / 2000	1.10	36	40	19	7.1	15	Yes	1667
24 / 1600	1.09	36	39	19	7.2	15	Yes	1667
25 / 1200	1.05	36	38	19	7.2	15	Yes	1667
26 / 0800	1.08	36	39	19	7.1	15	Yes	1667
27 / 1200	1.10	36	40	19	7.2	15	Yes	1667
28 / 1600	1.11	36	40	19	7.2	15	Yes	1736
29 / 1200	1.13	36	41	19	7.2	15	Yes	1667
30 / 2000	1.10	36	40	19	7.3	15	Yes	1667
31 / 2000	1.02	36	37	19	7.3	15	Yes	1736

<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.