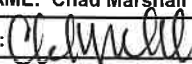


**OHA - Drinking Water Program - Turbidity Monitoring Report Form    County: Benton**  
**Conventional or Direct Filtration**

**System Name: Corvallis, City of    ID#: 41 00225    WTP-: WTP - B    Month/Year: Oct / 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	0.04
2	0.03	0.03	0.03	0.03	0.04	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	0.04
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	0.04
9	0.03	0.03	0.03	0.03	0.03	0.03	0.04
10	0.03	0.03	0.03	0.03	0.04	0.04	0.05
11	0.04	0.04	0.03	0.03	0.05	0.05	0.06
12	0.04	0.04	0.04	0.03	0.05	0.04	0.05
13	0.04	0.03	0.03	0.03	0.04	0.03	0.05
14	0.03	0.03	0.03	0.03	0.03	0.03	0.04
15	0.03	0.03	0.03	0.03	0.03	0.03	0.05
16	0.03	0.03	0.03	0.03	0.03	0.04	0.05
17	0.04	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	0.05
19	0.03	0.03	0.03	0.03	0.03	0.03	0.05
20	0.03	0.03	0.03	0.03	0.03	0.03	0.04
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	0.04
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	0.04
25	0.04	0.04	0.05	0.05	0.04	0.04	0.06
26	0.04	0.04	0.03	0.03	0.04	0.03	0.05
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	0.05
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	0.05
31	0.03	0.03	0.03	0.03	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	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 <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <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>	
		PRINTED NAME: Chad Marshall	
		SIGNATURE: 	DATE: 11/6/2023
		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: Oct / 2023**

Required Log  
Inactivation **0.5**

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	<b>C X T</b>	[° C]		Use tables	Yes / No	[GPM]
01 / 1600	1.14	36	41	16	7.4	15	Yes	1597
02 / 1200	1.21	36	44	15	7.4	15	Yes	1667
03 / 1200	1.06	36	38	15	7.4	15	Yes	1667
04 / 2000	1.12	36	40	15	7.2	15	Yes	1806
05 / 1600	1.13	36	41	15	7.3	15	Yes	1736
06 / 1600	1.11	36	40	16	7.3	15	Yes	1736
07 / 1200	1.10	36	40	16	7.3	15	Yes	1736
08 / 1600	1.14	36	41	16	7.3	15	Yes	1736
09 / 1200	1.15	36	41	16	7.3	15	Yes	1736
10 / 1600	1.07	36	39	16	7.3	15	Yes	1875
11 / 2000	1.09	36	39	15	7.2	15	Yes	1875
12 / 1200	1.14	36	41	15	7.2	15	Yes	1667
13 / 1200	1.15	36	41	15	7.4	15	Yes	1667
14 / 1600	1.14	36	41	15	7.3	15	Yes	1667
15 / 1600	1.02	36	37	15	7.2	15	Yes	1667
16 / 1600	1.11	36	40	15	7.2	15	Yes	1806
17 / 1600	1.16	36	42	15	7.2	15	Yes	1806
18 / 2000	1.19	36	43	14	7.2	23	Yes	1806
19 / 1200	1.14	36	41	14	7.2	23	Yes	1736
20 / 2000	1.10	36	40	14	7.2	23	Yes	1736
21 / 1200	1.13	36	41	15	7.3	15	Yes	1736
22 / 2000	0.90	36	32	15	7.3	15	Yes	1806
23 / 1600	1.13	36	41	15	7.4	15	Yes	1736
24 / 1600	1.23	36	44	14	7.4	23	Yes	1806
25 / 0800	1.10	36	40	14	7.2	23	Yes	1597
26 / 1200	1.21	36	44	13	7.2	23	Yes	1597
27 / 1600	1.13	36	41	12	7.3	23	Yes	1736
28 / 1200	1.19	36	43	12	7.3	23	Yes	1736
29 / 1600	1.19	36	43	11	7.1	23	Yes	1667
30 / 1600	1.17	36	42	11	7.2	23	Yes	1736
31 / 1600	1.18	36	42	10	7.3	23	Yes	1736

<sup>2</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.