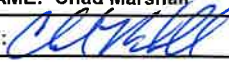


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton
Conventional or Direct Filtration

System Name: Corvallis, City of ID#: OR4100225 WTP:-WTP-A Month/Year: Jul / 2021

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	Off	Off	0.03	0.02	0.02	Off	0.04
2	Off	Off	0.03	0.03	0.03	Off	0.03
3	Off	Off	0.03	0.03	0.03	Off	0.03
4	Off	Off	0.03	0.03	0.03	Off	0.04
5	Off	Off	0.03	0.03	0.03	Off	0.04
6	Off	Off	0.03	0.03	0.03	Off	0.04
7	Off	Off	0.03	0.03	0.03	Off	0.03
8	Off	Off	0.03	0.03	0.02	Off	0.04
9	Off	Off	0.03	0.03	0.03	Off	0.04
10	Off	Off	0.03	0.03	0.03	Off	0.04
11	Off	Off	0.03	0.04	0.03	Off	0.05
12	Off	Off	0.03	0.03	0.03	Off	0.05
13	Off	Off	0.03	0.03	0.03	Off	0.05
14	Off	Off	0.03	0.03	0.03	Off	0.05
15	Off	Off	0.03	0.03	0.03	Off	0.05
16	Off	0.07	0.03	0.03	0.03	0.03	0.17
17	Off	Off	0.03	0.03	0.03	Off	0.04
18	Off	Off	0.03	0.03	0.03	Off	0.05
19	Off	Off	0.03	0.03	0.03	Off	0.05
20	Off	Off	0.03	0.03	0.03	Off	0.04
21	Off	Off	0.03	0.03	0.03	Off	0.04
22	Off	Off	0.03	0.03	0.03	Off	0.04
23	Off	Off	0.03	0.03	0.03	Off	0.04
24	Off	Off	0.03	0.03	0.03	Off	0.04
25	Off	Off	0.03	0.03	0.03	Off	0.04
26	Off	Off	0.03	0.03	0.03	Off	0.04
27	Off	Off	0.03	0.03	0.03	Off	0.04
28	Off	Off	0.03	0.03	0.03	Off	0.04
29	Off	Off	0.03	0.03	0.03	Off	0.04
30	Off	Off	0.03	0.03	0.03	Off	0.04
31	Off	Off	0.03	0.03	0.03	Off	0.04

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings \leq 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	All the 4-hour turbidity readings \leq 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 \geq 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: 8-3-2021
		PHONE #: (541) 754-1758	CERT #: 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 - A** **Month/Year: Jul / 2021** 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 / 0809	0.92	48.0	44	19	6.5	11	Yes	11900
02 / 1325	0.98	46.0	45	19	6.5	11	Yes	12500
03 / 0725	1.13	43.0	49	21	6.6	10	Yes	13500
04 / 0915	0.98	43.0	42	21	6.7	9	Yes	13500
05 / 0831	0.94	45.0	42	21	6.7	9	Yes	12800
06 / 1756	0.96	46.0	44	22	6.8	9	Yes	12300
07 / 1337	1.00	44.0	44	21	6.7	9	Yes	13100
08 / 0630	0.99	45.0	45	21	6.6	9	Yes	12800
09 / 0640	0.99	45.0	45	21	6.6	9	Yes	12800
10 / 1132	0.96	42.0	40	20	6.7	9	Yes	13700
11 / 0826	0.97	42.0	41	21	6.7	9	Yes	13600
12 / 0923	0.93	44.0	41	21	6.7	9	Yes	13200
13 / 1735	1.02	43.0	44	22	6.7	9	Yes	13300
14 / 0900	1.04	44.0	46	21	6.7	9	Yes	13200
15 / 0901	1.10	43.0	47	21	6.7	10	Yes	13500
16 / 0818	1.12	42.0	47	21	6.6	10	Yes	13900
17 / 1548	0.99	44.0	44	22	6.7	9	Yes	13000
18 / 1041	1.00	44.0	44	21	6.6	9	Yes	12900
19 / 0516	1.08	42.0	45	22	6.7	10	Yes	13800
20 / 1323	1.09	44.0	48	21	6.7	10	Yes	13100
21 / 1026	1.01	40.0	40	21	6.6	9	Yes	14300
22 / 1707	1.12	43.0	48	21	6.6	10	Yes	13400
23 / 1252	1.12	41.0	46	20	6.6	10	Yes	14100
24 / 1216	1.08	41.0	44	21	6.6	10	Yes	14000
25 / 0825	0.99	42.0	42	21	6.6	9	Yes	13800
26 / 1353	1.03	41.0	42	22	6.7	9	Yes	14000
27 / 1539	1.02	41.0	42	22	6.7	9	Yes	14200
28 / 1053	1.06	39.0	41	22	6.7	10	Yes	14800
29 / 1706	1.02	41.0	42	23	6.7	9	Yes	14200
30 / 1415	1.09	39.0	43	22	6.7	10	Yes	14900
31 / 1238	1.07	41.0	44	21	6.7	10	Yes	14200

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