


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: Aug / 2021

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day ' (NTU)
1	Off	Off	0.03	0.03	0.03	Off	0.04
2	Off	Off	0.03	0.03	0.03	Off	0.04
3	Off	Off	0.03	0.03	0.03	Off	0.04
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	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	0.03
10	0.03	0.03	0.03	0.03	0.03	0.03	0.03
11	0.03	0.03	0.03	0.03	0.03	0.03	0.03
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	0.03
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	0.03
16	0.03	0.03	0.03	0.03	0.03	0.03	0.03
17	0.03	0.03	0.03	0.03	0.03	0.03	0.03
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	0.03
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	0.03
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03
23	0.03	0.03	0.03	0.02	0.03	0.03	0.03
24	0.03	0.03	0.03	0.02	0.03	0.03	0.03
25	Off	Off	0.03	0.02	0.03	Off	0.03
26	Off	Off	0.03	0.02	0.03	Off	0.05
27	Off	Off	0.03	0.03	0.03	Off	0.04
28	Off	Off	0.03	0.03	0.03	Off	0.03
29	Off	Off	0.03	0.03	0.03	Off	0.04
30	Off	Off	0.03	0.03	0.03	Off	0.05
31	Off	Off	0.03	0.02	0.03	Off	0.05

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? Yes / No	
All the 4-hour turbidity readings ≤ 1 NTU? Yes / No			
All turbidity readings < IFE ² triggers? Yes / No ²			
Notes:	PRINTED NAME: Chad Marshall		
	SIGNATURE: 		DATE: 9-7-2021
	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: Aug / 2021** Required Log Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ^a	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^a	Peak Hourly Demand Flow
	ppm or mg/L	minutes	C X T	° C		Use tables	Yes / No	[GPM]
01 / 1401	1.02	42.0	43	21	6.6	9	Yes	13600
02 / 1518	1.03	42.0	43	22	6.7	9	Yes	13700
03 / 1152	1.06	38.0	40	22	6.6	10	Yes	15200
04 / 1226	1.04	38.0	40	22	6.7	9	Yes	15200
05 / 1209	1.04	41.0	43	22	6.7	9	Yes	14100
06 / 1543	1.01	38.0	38	21	6.6	9	Yes	15200
07 / 0732	1.03	37.0	38	21	6.6	9	Yes	15400
08 / 0745	1.06	44.0	47	21	6.6	10	Yes	12900
09 / 0851	1.05	41.0	43	21	6.6	9	Yes	14200
10 / 1119	1.11	44.0	49	21	6.6	10	Yes	12900
11 / 0149	1.07	48.2	52	23	6.7	10	Yes	12800
12 / 0657	1.07	43.0	46	23	6.6	10	Yes	13500
13 / 1155	1.06	51.0	54	22	6.6	10	Yes	11400
14 / 0336	1.02	48.0	49	22	6.6	9	Yes	12000
15 / 1002	1.05	46.0	48	21	6.6	9	Yes	12200
16 / 1138	0.96	41.0	39	21	6.6	9	Yes	14200
17 / 1229	1.12	59.0	66	21	6.6	10	Yes	9700
18 / 1136	1.02	49.0	50	20	6.6	9	Yes	11600
19 / 1323	0.99	52.0	51	20	6.5	8	Yes	11000
20 / 0814	1.08	54.0	58	20	6.6	10	Yes	10600
21 / 0800	1.00	55.0	55	20	6.7	9	Yes	10100
22 / 0717	1.06	63.0	67	18	6.6	13	Yes	9300
23 / 1331	1.00	55.0	55	18	6.5	11	Yes	10400
24 / 1346	1.05	58.0	61	18	6.5	11	Yes	9900
25 / 1431	1.07	68.0	73	19	6.6	13	Yes	8600
26 / 1756	1.00	45.0	45	20	6.6	9	Yes	12200
27 / 1030	1.06	45.0	48	19	6.6	13	Yes	14000
28 / 1448	1.12	45.0	50	20	6.6	10	Yes	12800
29 / 1215	1.11	41.0	46	19	6.6	13	Yes	14000
30 / 0806	1.09	39.0	43	20	6.7	10	Yes	14900
31 / 0905	1.09	46.0	50	19	6.7	13	Yes	12200

^a If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.