


**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:    May / 2022**

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	Off	Off	0.03	0.03	0.03	Off	0.03
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	0.03
5	Off	Off	0.03	0.03	0.03	Off	0.03
6	Off	Off	0.03	0.03	0.03	Off	0.03
7	Off	Off	0.03	0.03	0.03	Off	0.03
8	Off	Off	0.03	0.03	0.03	Off	0.03
9	Off	Off	0.03	0.03	0.03	Off	0.03
10	Off	Off	0.03	0.03	0.03	Off	0.03
11	Off	Off	0.03	0.03	Off	Off	0.03
12	Off	Off	0.03	0.03	0.03	Off	0.03
13	Off	Off	0.03	0.03	0.03	Off	0.03
14	Off	Off	0.03	0.03	0.03	Off	0.03
15	Off	Off	Off	0.03	0.03	Off	0.03
16	Off	Off	0.03	0.03	0.03	Off	0.03
17	Off	Off	0.03	0.03	0.03	Off	0.03
18	Off	Off	0.04	Off	0.03	Off	0.04
19	Off	Off	0.03	0.03	0.03	Off	0.03
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	0.03
24	Off	Off	0.03	0.03	0.03	Off	0.03
25	Off	Off	Off	0.03	0.03	Off	0.04
26	Off	Off	0.03	0.03	0.03	Off	0.03
27	Off	Off	0.03	0.03	0.03	Off	0.03
28	Off	Off	0.03	0.03	0.03	Off	0.03
29	Off	Off	0.03	0.03	Off	Off	0.03
30	Off	Off	0.03	0.03	0.03	Off	0.03
31	Off	Off	0.03	0.03	0.03	Off	0.03

<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>	
		<b>PRINTED NAME:</b> Chad Marshall	
		<b>SIGNATURE:</b> 	<b>DATE:</b> 4/3/2022
		<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 - A**    **Month/Year: May / 2022**    Required Log Inactivation: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	ppm or mg/L	minutes	<b>C X T</b>	° C		Use tables	Yes / No	[GPM]
01 / 0141	1.17	92.0	108	11	7.0	19	Yes	6300
02 / 1103	1.19	88.0	105	11	6.9	19	Yes	6400
03 / 1346	1.26	76.0	96	11	6.9	19	Yes	7400
04 / 0748	1.25	72.0	90	10	7.0	19	Yes	7800
05 / 1135	1.22	80.0	98	11	7.0	19	Yes	7300
06 / 0855	1.19	72.0	86	11	6.9	19	Yes	7700
07 / 1229	1.24	83.0	103	11	7.0	19	Yes	6700
08 / 0754	1.24	92.0	114	11	7.0	19	Yes	6000
09 / 0744	1.23	64.0	79	10	7.0	19	Yes	9000
10 / 1409	1.19	88.0	105	10	7.0	19	Yes	6600
11 / 1112	1.27	80.0	102	10	7.0	19	Yes	7100
12 / 0851	1.20	88.0	106	10	6.9	19	Yes	6400
13 / 0826	1.15	88.0	101	10	7.0	19	Yes	6500
14 / 1208	1.23	88.0	108	10	7.0	19	Yes	6400
15 / 1118	1.22	88.0	107	10	6.9	19	Yes	6400
16 / 1437	1.21	88.0	106	12	7.1	23	Yes	6400
17 / 1152	1.14	88.0	100	12	7.0	19	Yes	6400
18 / 900	1.23	69.0	85	12	6.9	19	Yes	8300
19 / 0806	1.19	88.0	105	12	7.0	19	Yes	6500
20 / 1209	1.18	76.0	90	11	6.9	19	Yes	7400
21 / 0746	1.38	88.0	121	11	7.0	19	Yes	6600
22 / 1500	1.24	76.0	94	12	7.0	19	Yes	7600
23 / 1200	1.23	55.0	68	13	6.9	19	Yes	10300
24 / 0913	1.31	55.0	72	14	6.9	19	Yes	10300
25 / 1546	1.17	92.0	108	14	6.9	19	Yes	6100
26 / 1358	1.32	80.0	106	14	6.9	19	Yes	7100
27 / 1149	1.10	80.0	88	14	6.9	19	Yes	7200
28 / 0849	1.05	88.0	92	14	6.8	19	Yes	6500
29 / 1100	1.12	88.0	99	12	6.9	19	Yes	6400
30 / 1519	1.20	80.0	96	12	6.9	19	Yes	7100
31 / 1409	1.26	68.0	86	12	7.0	19	Yes	8500

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.