


**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: Jan / 2021**

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	0.02	0.02	0.04	0.03	0.06
2	0.03	0.03	0.03	0.03	0.06	0.04	0.06
3	0.03	0.03	0.03	0.02	0.05	0.03	0.06
4	0.03	0.03	0.03	0.03	0.05	0.04	0.06
5	0.03	0.03	0.03	0.03	0.04	0.03	0.05
6	0.03	0.03	0.03	0.02	0.04	0.03	0.05
7	0.03	0.03	0.03	0.02	0.04	0.03	0.06
8	0.03	0.02	0.02	0.02	0.04	0.03	0.05
9	0.03	0.02	0.02	0.02	0.03	0.03	0.06
10	0.02	0.02	0.02	0.02	0.03	0.03	0.05
11	0.04	0.02	0.02	0.02	0.03	0.03	0.05
12	0.03	0.02	0.03	0.03	0.07	0.05	0.07
13	0.04	0.04	0.05	0.05	0.04	0.05	0.08
14	0.04	0.04	0.04	0.03	0.05	0.04	0.06
15	0.03	0.03	0.03	0.03	0.04	0.03	0.06
16	0.03	0.03	0.03	0.03	0.03	0.03	0.07
17	0.03	0.03	0.03	0.03	0.03	0.03	0.05
18	0.03	0.03	0.03	0.03	0.03	0.03	0.06
19	0.03	0.03	0.03	0.03	0.04	0.03	0.05
20	0.03	0.03	0.03	0.02	0.04	0.03	0.05
21	0.03	0.03	0.03	0.02	0.04	0.03	0.07
22	0.03	0.03	0.03	0.02	0.04	0.03	0.07
23	0.03	0.03	0.03	0.02	0.04	0.03	0.08
24	0.03	0.03	0.03	0.03	0.03	0.03	0.05
25	0.03	0.03	0.03	0.03	0.05	0.03	0.06
26	0.03	0.03	0.03	0.02	0.04	0.03	0.06
27	0.03	0.03	0.03	0.03	0.04	0.03	0.06
28	0.03	0.03	0.03	0.03	0.05	0.03	0.06
29	0.03	0.03	0.02	0.02	0.03	0.03	0.05
30	0.03	0.03	0.03	0.03	0.04	0.03	0.06
31	0.03	0.03	0.03	0.03	0.06	0.04	0.07

<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		<b>Notes:</b>	
		<b>PRINTED NAME: Tom Hubbard</b>	
		<b>SIGNATURE:</b> 	<b>DATE: 2-4-21</b>
		<b>PHONE #: (541) 754-1758</b>	<b>CERT #: T-08804</b>

<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: Jan / 2021**

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 / 800	1.15	74	85	8	8.0	37	Yes	1250
02 / 800	1.05	72	76	8	8.0	37	Yes	1319
03 / 1200	1.09	74	81	9	7.9	37	Yes	1250
04 / 1600	1.14	74	84	9	7.7	37	Yes	1250
05 / 1600	1.19	74	88	9	7.3	31	Yes	1250
06 / 2000	1.14	72	82	9	7.3	31	Yes	1319
07 / 2000	1.06	68	72	9	7.3	31	Yes	1458
08 / 1200	1.11	68	75	9	7.2	31	Yes	1458
09 / 1200	1.18	70	83	9	7.4	31	Yes	1389
10 / 1200	1.16	68	79	8	7.3	31	Yes	1458
11 / 1200	1.17	70	82	9	7.3	31	Yes	1389
12 / 1200	1.12	72	81	9	7.3	31	Yes	1319
13 / 1600	1.15	86	99	10	7.4	23	Yes	833
14 / 1600	1.02	76	78	10	7.8	27	Yes	1181
15 / 1600	1.09	74	81	10	7.4	23	Yes	1250
16 / 1600	1.08	74	80	10	7.5	23	Yes	1250
17 / 1200	1.15	74	85	10	7.6	28	Yes	1250
18 / 1600	1.19	74	88	10	7.6	28	Yes	1250
19 / 1200	1.13	74	84	9	7.5	31	Yes	1250
20 / 1600	1.18	72	85	8	7.5	31	Yes	1319
21 / 1600	1.12	74	83	8	7.5	31	Yes	1250
22 / 1200	1.12	72	81	8	7.5	31	Yes	1319
23 / 1200	1.11	72	80	8	7.5	31	Yes	1319
24 / 1200	1.14	72	82	8	7.5	31	Yes	1319
25 / 1200	1.14	72	82	8	7.5	31	Yes	1319
26 / 1200	1.21	72	87	7	7.5	31	Yes	1319
27 / 1200	1.15	72	83	7	7.4	31	Yes	1319
28 / 1200	1.12	72	81	7	7.3	31	Yes	1319
29 / 1200	1.16	72	84	7	7.2	31	Yes	1319
30 / 1200	1.10	72	79	7	7.4	31	Yes	1319
31 / 0800	1.09	72	78	8	7.3	31	Yes	1319

<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.