


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: Jun / 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	0.02	0.02	0.02	0.02	0.03	0.03	0.03
2	0.03	0.03	0.03	0.02	0.02	0.02	0.03
3	0.02	0.02	0.02	0.02	0.03	0.03	0.04
4	0.03	0.03	0.03	0.03	0.02	0.02	0.04
5	0.02	0.02	0.02	0.02	0.03	0.03	0.04
6	0.03	0.03	0.03	0.02	0.02	0.02	0.03
7	Off	Off	Off	Off	Off	Off	Off
8	Off	Off	Off	Off	Off	Off	Off
9	Off	Off	Off	Off	Off	Off	Off
10	Off	Off	Off	Off	0.04	0.03	0.04
11	0.03	0.03	0.02	0.02	0.03	0.03	0.04
12	0.03	0.03	0.03	0.03	0.03	0.02	0.03
13	0.03	0.03	0.03	0.03	0.04	0.03	0.04
14	0.03	0.03	0.03	0.03	0.03	0.03	0.03
15	0.03	0.03	0.03	0.02	0.03	0.02	0.03
16	0.03	0.02	0.02	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	0.04
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	0.04
22	0.03	0.03	0.03	0.03	0.03	0.03	0.03
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	0.05
25	0.03	0.03	0.03	0.03	0.03	0.03	0.05
26	0.03	0.03	0.03	0.03	0.03	0.03	0.04
27	0.03	0.03	0.03	0.03	0.03	0.03	0.04
28	0.03	0.03	0.03	0.03	0.03	0.03	0.04
29	0.04	0.03	0.03	0.03	0.04	0.03	0.04
30	0.03	0.03	0.03	0.03	0.03	0.03	0.05

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Notes:	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <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			
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No ²			
		PRINTED NAME: Tom Hubbard	
		SIGNATURE: 	DATE: 7-7-21
		PHONE #: (541) 754-1758	CERT #: T-08804

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 - B

Month/Year: Jun / 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 / 1200	0.99	60	59	16	7.3	15	Yes	1736
02 / 1600	1.05	60	63	17	7.3	15	Yes	1736
03 / 0800	1.06	60	64	17	7.3	15	Yes	1736
04 / 0800	1.08	60	65	17	7.3	15	Yes	1736
05 / 0800	1.07	60	64	17	7.3	15	Yes	1736
06 / 1200	1.02	60	61	17	7.3	15	Yes	1736
07 / Off ¹							Off ¹	
08 / Off ¹							Off ¹	
09 / Off ¹							Off ¹	
10 / 1600	1.08	72	78	14	7.3	23	Yes	1319
11 / 1200	1.10	66	73	13	7.3	23	Yes	1528
12 / 2000	1.10	66	73	13	7.3	23	Yes	1528
13 / 0800	1.07	66	71	14	7.2	23	Yes	1528
14 / 1200	1.10	66	73	14	7.3	23	Yes	1528
15 / 2000	0.96	66	63	15	7.4	15	Yes	1528
16 / 0800	0.95	66	63	14	7.5	22	Yes	1528
17 / 0800	0.89	66	59	15	7.5	15	Yes	1528
18 / 0800	0.88	66	58	15	7.4	15	Yes	1528
19 / 2000	0.91	68	62	15	7.5	15	Yes	1458
20 / 0800	0.96	68	65	16	7.4	15	Yes	1458
21 / 1600	0.93	68	63	16	7.5	15	Yes	1458
22 / 0800	0.96	68	65	17	7.5	15	Yes	1458
23 / 2000	0.91	68	62	17	7.5	15	Yes	1458
24 / 1200	0.94	68	64	17	7.5	15	Yes	1458
25 / 1200	0.93	66	61	17	7.5	15	Yes	1528
26 / 0800	0.92	64	59	17	7.4	15	Yes	1597
27 / 2000	0.95	64	61	18	7.4	15	Yes	1597
28 / 1200	0.96	64	61	19	7.4	15	Yes	1597
29 / 1600	0.81	64	52	19	7.5	15	Yes	1597
30 / 1200	0.92	62	57	18	7.4	15	Yes	1667

¹ Plant Offline

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.