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:** Dec / 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	Off	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	Off	Off	0.03
5	Off	Off	0.03	0.03	Off	Off	0.03
6	Off	Off	0.03	0.03	Off	Off	0.03
7	Off	Off	0.03	0.03	Off	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	Off	Off	Off	0.03
12	Off	Off	0.03	Off	Off	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	0.04
15	Off	Off	0.03	0.03	0.03	Off	0.04
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	0.03	0.03	Off	Off	0.03
19	Off	Off	Off	0.03	0.03	Off	0.03
20	Off	Off	Off	0.03	0.03	Off	0.03
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	0.04	0.03	0.03	Off	0.04
25	OFF	Off	Off	Off	Off	Off	Off
26	Off	Off	Off	Off	Off	0.03	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	0.03	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

Conventional or Direct Filtration

95% of the 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No
All the 4-hour turbidity readings ≤ 1 NTU? (Yes) / No
All turbidity readings < IFE[2] triggers? (Yes) / No[2]

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl_2 residuals at entry point ≥ 0.2 mg/l? (Yes) / No

Notes:

PRINTED NAME: Chad Marshall

SIGNATURE: [signature] **DATE:** 1-5-2022

PHONE #: (541) 754-1758 **CERT #:** T-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: Dec / 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 / 1442	1.25	72.0	90	10	7.1	23	Yes	7900
02 / 1112	1.48	76.0	112	10	7.0	20	Yes	7600
03 / 0834	1.21	69.0	83	10	7.1	23	Yes	8100
04 / 1112	1.25	63.0	79	9	7.1	31	Yes	9200
05 / 1052	1.25	58.0	73	9	7.0	26	Yes	9800
06 / 0704	1.30	68.0	88	9	7.0	26	Yes	8500
07 / 1324	1.26	68.0	86	9	7.0	26	Yes	8700
08 / 0713	1.17	72.0	84	9	7.0	25	Yes	8000
09 / 1525	1.22	69.0	84	8	7.0	25	Yes	8300
10 / 1224	1.22	63.0	77	8	6.9	25	Yes	9200
11 / 1013	1.21	59.0	71	8	7.1	31	Yes	9500
12 / 1028	1.29	59.0	76	7	7.0	26	Yes	9600
13 / 1402	1.20	68.0	82	7	7.1	31	Yes	8500
14 / 1200	1.25	69.0	86	7	7.0	26	Yes	8300
15 / 0720	1.11	72.0	80	7	7.1	31	Yes	7900
16 / 1514	1.26	76.0	96	7	6.9	26	Yes	7600
17 / 1309	1.17	76.0	89	7	6.9	25	Yes	7600
18 / 1051	1.25	76.0	95	7	7.0	26	Yes	7600
19 / 1117	0.98	88.0	86	7	7.0	25	Yes	6600
20 / 1009	1.27	76.0	97	7	7.0	26	Yes	7600
21 / 0847	1.18	68.0	80	7	7.0	25	Yes	8500
22 / 1219	1.28	68.0	87	8	7.1	31	Yes	8500
23 / 0934	1.34	64.0	86	8	7.0	26	Yes	8900
24 / 0739	1.09	83.0	90	8	7.1	31	Yes	6900
25 / Off[1]							Off[1]	
26 / 1539	1.14	68.0	78	7	6.9	25	Yes	8600
27 / 1321	1.24	92.0	114	5	6.9	25	Yes	6300
28 / 0756	1.24	83.0	103	5	7.0	25	Yes	6800
29 / 0754	1.28	76.0	97	5	7.1	31	Yes	7500
30 / 1507	1.25	83.0	104	5	7.1	31	Yes	6800
31 / 1235	1.16	88.0	102	5	7.0	25	Yes	6400

[1]Plant Offline

[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