


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: Jul / 2022**

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	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	0.04
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	0.03
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	0.04
11	Off	Off	0.03	0.03	0.03	Off	0.04
12	Off	Off	0.03	0.03	0.03	Off	0.04
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	0.03	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	0.03	0.03	0.03	Off	0.03
19	Off	Off	0.03	0.03	0.03	Off	0.03
20	Off	Off	0.03	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	0.03
23	Off	Off	0.03	0.03	0.03	Off	0.03
24	Off	Off	0.03	0.03	0.03	Off	0.04
25	Off	Off	0.03	0.03	0.03	Off	0.03
26	Off	Off	0.03	0.03	0.04	Off	0.04
27	Off	Off	0.03	0.03	0.03	Off	0.04
28	Off	Off	0.03	0.03	0.03	0.03	0.03
29	Off	Off	0.03	0.03	0.03	0.03	0.03
30	Off	Off	0.03	0.03	0.03	0.03	0.03
31	Off	Off	0.03	0.03	0.03	0.03	0.03

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	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			
Notes:	PRINTED NAME: Chad Marshall		
	SIGNATURE: 		DATE: 8/4/2022
	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: Jul / 2022** 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 / 1242	1.26	46.0	58	16	6.8	13	Yes	12200
02 / 1049	1.24	45.0	56	16	6.8	13	Yes	12700
03 / 815	1.20	49.0	59	17	6.7	13	Yes	11600
04 / 1609	1.20	46.0	55	16	6.8	13	Yes	12300
05 / 0637	1.35	49.0	66	16	6.9	13	Yes	11700
06 / 0709	1.17	49.0	57	17	6.8	13	Yes	11600
07 / 1350	1.21	46.0	56	16	6.7	13	Yes	12400
08 / 0804	1.30	45.0	59	17	6.6	13	Yes	12800
09 / 0922	1.30	45.0	59	18	6.6	13	Yes	12700
10 / 1031	1.38	48.0	66	18	6.7	13	Yes	12200
11 / 1608	1.26	46.0	58	19	6.7	13	Yes	12400
12 / 1553	1.24	45.0	56	20	6.7	10	Yes	12700
13 / 0935	1.24	45.0	56	19	6.6	13	Yes	12800
14 / 0850	1.26	46.0	58	19	6.6	13	Yes	12400
15 / 1429	1.18	46.0	54	19	6.6	13	Yes	12200
16 / 0745	1.22	46.0	56	20	6.5	8	Yes	12500
17 / 0730	1.18	49.0	58	19	6.4	11	Yes	11700
18 / 0744	1.41	49.0	69	19	6.6	13	Yes	11600
19 / 0655	1.24	44.0	55	20	6.5	8	Yes	13100
20 / 0630	1.17	44.0	51	20	6.6	10	Yes	13000
21 / 1213	1.26	45.0	57	20	6.6	10	Yes	12700
22 / 1020	1.13	45.0	51	20	6.6	10	Yes	12800
23 / 0932	1.18	46.0	54	19	6.6	13	Yes	12200
24 / 1415	1.21	46.0	56	19	6.6	13	Yes	12200
25 / 1315	1.27	39.0	50	20	6.6	10	Yes	14700
26 / 1251	1.31	36.0	47	21	6.6	10	Yes	15800
27 / 1548	1.27	39.0	50	21	6.6	10	Yes	14900
28 / 1457	1.21	41.0	50	21	6.6	10	Yes	14000
29 / 1808	1.33	42.0	56	22	6.6	10	Yes	13800
30 / 1540	1.33	43.0	57	22	6.6	10	Yes	13500
31 / 0658	1.26	45.0	57	23	6.5	8	Yes	12600

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