


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 / 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	0.02	0.02	0.03	Off	0.03
2	Off	Off	0.02	0.03	0.03	Off	0.03
3	Off	Off	0.03	0.03	0.03	Off	0.03
4	Off	Off	0.02	0.02	0.02	Off	0.03
5	Off	Off	0.02	0.02	0.02	Off	0.03
6	Off	Off	0.02	0.02	0.02	Off	0.03
7	Off	Off	0.02	0.02	0.02	Off	0.02
8	Off	Off	0.02	0.03	0.03	Off	0.05
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	0.03	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	0.03	0.03	0.03	Off	0.03
16	Off	Off	0.03	0.02	0.03	Off	0.03
17	Off	Off	0.03	0.02	0.03	Off	0.03
18	Off	Off	Off	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	0.03
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	0.03
25	Off	Off	Off	Off	Off	Off	Off
26	Off	Off	Off	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	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		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings \leq 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 \geq 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No	
All the 4-hour turbidity readings \leq 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: 1-9-2023	
	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 / 2022** Required Log Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ²	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 / 1210	1.23	58.0	71	7	6.9	25	Yes	9800
02 / 0923	1.21	69.0	83	7	6.8	25	Yes	8300
03 / 0656	1.40	68.0	95	6	7.0	26	Yes	8700
04 / 1125	1.24	88.0	109	6	6.9	25	Yes	6400
05 / 1531	1.28	72.0	92	6	6.9	26	Yes	8000
06 / 1321	1.17	69.0	81	6	6.9	25	Yes	8200
07 / 0944	1.21	80.0	97	6	6.9	25	Yes	7000
08 / 1311	1.14	63.0	72	6	7.2	31	Yes	9400
09 / 1204	1.26	80.0	101	6	7.2	31	Yes	7200
10 / 0907	1.20	80.0	96	6	7.2	31	Yes	7100
11 / 1222	1.25	88.0	110	6	6.9	26	Yes	6800
12 / 1022	1.29	83.0	107	7	6.8	26	Yes	6900
13 / 1535	1.29	83.0	107	7	6.8	26	Yes	6900
14 / 0847	1.44	92.0	132	7	6.8	26	Yes	6300
15 / 1110	1.17	92.0	108	6	6.8	25	Yes	6300
16 / 1336	1.25	98.0	123	5	6.9	26	Yes	5800
17 / 1213	1.16	98.0	114	5	7.0	25	Yes	5700
18 / 1142	1.19	88.0	105	4	7.0	36	Yes	6400
19 / 0928	1.24	92.0	114	5	6.9	25	Yes	6000
20 / 0721	1.33	88.0	117	5	7.1	31	Yes	6500
21 / 1235	1.30	63.0	82	6	7.0	26	Yes	9100
22 / 0849	1.25	69.0	86	6	7.0	26	Yes	8200
23 / 0745	1.35	92.0	124	5	7.2	31	Yes	6300
24 / 1200	1.22	76.0	93	4	7.0	36	Yes	7400
25 / Off ¹							Off ¹	
26 / 1545	1.30	63.0	82	7	7.1	31	Yes	9300
27 / 1110	1.28	72.0	92	8	7.0	26	Yes	7800
28 / 1212	1.27	83.0	105	8	7.2	31	Yes	6800
29 / 0746	1.34	63.0	84	8	7.2	31	Yes	9200
30 / 1232	1.25	83.0	104	7	7.0	26	Yes	6700
31 / 0944	1.17	63.0	74	7	6.8	25	Yes	9300

¹Plant Offline

² 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