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: Jan / 2023

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	Off	Off	Off	Off
2	Off	Off	Off	0.03	0.03	Off	0.03
3	Off	Off	0.03	0.03	Off	Off	0.03
4	Off	Off	0.03	0.03	0.03	Off	0.03
5	Off	Off	0.03	0.03	0.03	Off	0.03
6	Off	Off	0.03	0.03	Off	Off	0.03
7	Off	Off	0.03	0.03	0.03	Off	0.03
8	Off	Off	0.03	0.03	Off	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	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	Off	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	0.03
22	Off	Off	0.03	0.03	Off	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	0.03	0.03	Off	0.03
26	Off	Off	0.03	0.03	0.03	Off	0.03
27	Off	Off	0.03	0.03	0.03	Off	0.04
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	Off	0.03	Off	Off	0.03
31	Off	Off	0.03	0.03	0.03	0.03	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: Chad Marshall **DATE:** 2-7-2023

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: Jan / 2023** 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 / Off[1]							Off[1]	
02 / 1204	1.34	72.0	96	7	7.0	26	Yes	7600
03 / 1150	1.30	63.0	82	7	6.9	26	Yes	9200
04 / 1018	1.32	64.0	84	6	7.0	26	Yes	8800
05 / 1125	1.26	83.0	105	6	7.0	26	Yes	6600
06 / 1218	1.30	59.0	77	7	6.9	26	Yes	9600
07 / 1045	1.22	69.0	84	7	7.0	25	Yes	8200
08 / 0856	1.20	83.0	100	7	7.0	25	Yes	6700
09 / 0945	1.38	63.0	87	7	7.0	26	Yes	9200
10 / 1154	1.25	76.0	95	7	7.0	26	Yes	7400
11 / 1536	1.34	80.0	107	7	6.9	26	Yes	7300
12 / 1434	1.28	64.0	82	7	6.9	26	Yes	8800
13 / 1304	1.24	76.0	94	7	7.0	25	Yes	7300
14 / 1125	1.28	88.0	113	8	7.0	26	Yes	6300
15 / 1503	1.28	68.0	87	8	7.0	26	Yes	8500
16 / 0801	1.29	76.0	98	8	6.8	26	Yes	7400
17 / 0921	1.28	76.0	97	7	6.8	26	Yes	7400
18 / 1342	1.21	72.0	87	7	7.1	31	Yes	7800
19 / 1125	1.33	72.0	96	7	6.9	26	Yes	7800
20 / 1511	1.23	80.0	98	7	7.0	25	Yes	7000
21 / 1232	1.22	80.0	98	6	7.1	31	Yes	7300
22 / 1030	1.24	76.0	94	6	7.0	25	Yes	7400
23 / 0816	1.17	80.0	94	6	7.0	25	Yes	7200
24 / 1203	1.19	68.0	81	6	7.0	25	Yes	8700
25 / 1105	1.13	88.0	99	6	6.9	25	Yes	6500
26 / 0913	1.08	69.0	75	6	7.0	25	Yes	8300
27 / 1501	1.24	69.0	86	6	7.2	31	Yes	8100
28 / 1257	1.17	76.0	89	6	7.2	31	Yes	7300
29 / 0746	1.24	80.0	99	6	7.1	31	Yes	7200
30 / 0924	1.16	69.0	80	6	7.0	25	Yes	8200
31 / 0846	1.21	69.0	83	5	7.0	25	Yes	8300

[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