


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: Feb / 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	0.03	0.02	0.03	Off	0.03
2	Off	Off	Off	0.03	0.03	Off	0.03
3	Off	Off	0.03	0.03	0.03	Off	0.03
4	Off	Off	0.03	0.02	0.02	Off	0.03
5	Off	Off	0.03	0.03	0.03	Off	0.03
6	Off	Off	0.02	0.02	0.02	Off	0.03
7	Off	Off	0.03	0.03	0.02	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	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	0.03	0.03	Off	0.03
17	Off	Off	0.03	0.03	0.03	Off	0.03
18	Off	Off	Off	0.02	Off	Off	0.03
19	Off	Off	Off	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	0.02	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	0.03	0.03	0.03	Off	0.03
26	Off	Off	0.03	0.03	Off	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

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 ²			
Notes:	PRINTED NAME: Chad Marshall		
	SIGNATURE: 	DATE: 3-7-2023	
	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: Feb / 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 / 1500	1.26	88.0	111	3	7.2	44	Yes	6300
02 / 1309	1.23	69.0	85	4	7.1	43	Yes	8300
03 / 1204	1.24	64.0	79	4	7.1	43	Yes	8800
04 / 0909	1.30	80.0	104	5	7.1	31	Yes	7000
05 / 0720	1.34	80.0	107	6	7.0	26	Yes	7100
06 / 1359	1.21	80.0	97	7	6.8	25	Yes	6900
07 / 1059	1.21	80.0	97	7	7.0	25	Yes	7100
08 / 1417	1.23	69.0	85	6	6.8	25	Yes	8000
09 / 1143	1.27	80.0	102	6	7.0	26	Yes	7000
10 / 1456	1.22	88.0	107	7	7.0	25	Yes	6500
11 / 1434	1.23	80.0	98	7	6.9	25	Yes	7100
12 / 1013	1.24	92.0	114	7	6.9	25	Yes	6100
13 / 0740	1.14	80.0	91	7	6.9	25	Yes	7000
14 / 1219	1.17	72.0	84	6	6.9	25	Yes	7800
15 / 1515	1.29	72.0	93	6	6.8	26	Yes	7800
16 / 1219	1.11	72.0	80	5	6.9	25	Yes	7800
17 / 0941	1.28	72.0	92	5	6.9	26	Yes	7800
18 / 1228	1.24	88.0	109	6	7.0	25	Yes	6300
19 / 1435	1.22	80.0	98	6	6.9	25	Yes	7100
20 / 0905	1.12	72.0	81	6	7.0	25	Yes	7700
21 / 0916	1.27	64.0	81	7	7.0	26	Yes	8800
22 / 0651	1.43	83.0	119	7	7.1	31	Yes	6900
23 / 0848	1.21	83.0	100	6	7.0	25	Yes	6700
24 / 1224	1.20	59.0	71	4	6.8	36	Yes	9500
25 / 0931	1.18	72.0	85	4	6.8	36	Yes	7800
26 / 1320	1.21	69.0	83	5	7.1	31	Yes	8200
27 / 1203	1.15	76.0	87	5	7.1	31	Yes	7400
28 / 0941	1.20	72.0	86	6	7.1	31	Yes	7700

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