


**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: Sep / 2023**

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day <sup>1</sup> (NTU)
1	Off	Off	0.02	0.02	0.02	Off	0.04
2	Off	Off	0.02	0.02	0.02	Off	0.04
3	Off	Off	0.02	0.03	0.03	Off	0.05
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	0.03	Off	0.04
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	0.04
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	0.04
14	Off	Off	0.03	0.03	0.03	Off	0.03
15	Off	Off	0.03	0.03	0.03	Off	0.04
16	Off	Off	0.03	0.03	0.03	Off	0.04
17	Off	Off	0.03	0.03	0.03	Off	0.04
18	Off	Off	0.03	0.03	0.03	Off	0.04
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	0.03	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	0.03
28	Off	Off	0.02	0.02	0.03	Off	0.04
29	Off	Off	0.02	0.03	0.03	Off	0.04
30	Off	Off	0.03	0.03	0.03	Off	0.04

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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 <sub>2</sub> 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 <sup>2</sup> triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No <sup>2</sup>			
<b>Notes:</b>	<b>PRINTED NAME:</b> Chad Marshall		
	<b>SIGNATURE:</b> 	<b>DATE:</b> 10/9/2023	
	<b>PHONE #:</b> (541) 754-1758		<b>CERT #:</b> T-08843

<sup>1</sup> 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.

<sup>2</sup> 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: Sep / 2023**    Required Log Inactivation: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	ppm or mg/L	minutes	<b>C X T</b>	° C		Use tables	Yes / No	[GPM]
01 / 0650	1.25	54.0	68	19	6.7	13	Yes	10600
02 / 1710	1.25	59.0	74	19	6.8	13	Yes	9600
03 / 1131	1.36	48.0	65	19	6.7	13	Yes	11900
04 / 1616	1.28	58.0	74	19	6.8	13	Yes	9800
05 / 1644	1.19	51.0	61	18	6.8	13	Yes	11400
06 / 1341	1.24	51.0	63	18	6.8	13	Yes	11500
07 / 1109	1.21	51.0	62	18	6.8	13	Yes	11200
08 / 1521	1.29	51.0	66	18	6.8	13	Yes	11300
09 / 0850	1.38	51.0	70	18	6.7	13	Yes	11300
10 / 0840	1.34	51.0	68	19	6.7	13	Yes	11300
11 / 1806	1.29	49.0	63	20	6.8	10	Yes	11500
12 / 0601	1.35	49.0	66	20	6.7	10	Yes	11800
13 / 0531	1.13	48.0	54	19	6.8	13	Yes	12100
14 / 1032	1.24	51.0	63	19	6.8	13	Yes	11300
15 / 1514	1.28	52.0	67	19	6.8	13	Yes	11100
16 / 1354	1.22	51.0	62	19	6.8	13	Yes	11300
17 / 0653	1.27	51.0	65	20	6.6	10	Yes	11200
18 / 1617	1.22	52.0	63	18	6.8	13	Yes	11000
19 / 0850	1.28	52.0	67	18	6.8	13	Yes	11000
20 / 0917	1.24	51.0	63	17	6.7	13	Yes	11400
21 / 1334	1.18	55.0	65	16	6.8	13	Yes	10200
22 / 1710	1.26	58.0	73	17	6.8	13	Yes	10000
23 / 1109	1.24	55.0	68	17	6.8	13	Yes	10300
24 / 1215	1.33	54.0	72	16	6.8	13	Yes	10600
25 / 0658	1.17	58.0	68	16	6.8	13	Yes	10000
26 / 0720	1.24	59.0	73	15	6.7	13	Yes	10900
27 / 0747	1.24	59.0	73	15	6.7	13	Yes	9500
28 / 1211	1.27	59.0	75	16	6.7	13	Yes	9700
29 / 1115	1.28	55.0	70	16	6.7	13	Yes	10300
30 / 1127	1.28	64.0	82	15	6.7	13	Yes	8900

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.