


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 / 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	0.02	0.02	Off	0.03
2	Off	Off	0.02	0.03	0.02	Off	0.03
3	Off	Off	0.02	0.02	0.03	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	0.04
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	0.04
9	Off	Off	0.03	0.03	0.03	Off	0.03
10	Off	Off	0.02	0.02	0.02	Off	0.03
11	Off	Off	0.02	0.02	0.02	Off	0.03
12	Off	Off	0.02	0.02	0.02	Off	0.03
13	Off	Off	0.02	0.02	0.02	Off	0.03
14	Off	Off	0.02	0.02	0.02	Off	0.03
15	Off	Off	0.02	0.02	0.02	Off	0.02
16	Off	Off	0.02	0.02	0.02	Off	0.02
17	Off	Off	Off	0.02	0.02	Off	0.02
18	Off	Off	0.02	0.02	0.02	Off	0.02
19	Off	Off	0.02	0.02	0.02	Off	0.02
20	Off	Off	0.02	0.02	0.02	Off	0.02
21	Off	Off	Off	0.02	0.02	Off	0.02
22	Off	Off	0.02	0.02	0.02	Off	0.02
23	Off	Off	0.02	0.02	Off	Off	0.02
24	Off	Off	Off	0.02	Off	Off	0.02
25	Off	Off	Off	Off	Off	Off	Off
26	Off	Off	Off	0.02	0.02	Off	0.03
27	Off	Off	0.02	0.02	0.02	Off	0.02
28	Off	Off	0.02	0.02	Off	Off	0.02
29	Off	Off	Off	0.02	0.02	Off	0.02
30	Off	Off	Off	0.02	0.02	Off	0.02
31	Off	Off	0.02	0.02	0.02	Off	0.02

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	All the 4-hour turbidity readings ≤ 1 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 turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No		Notes:	
		PRINTED NAME: Chad Marshall	
		SIGNATURE: 	DATE: 1/5/24
		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 / 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 / 1325	1.15	92.0	106	6	7.1	31	Yes	6300
02 / 1037	1.09	88.0	96	7	7.2	31	Yes	6600
03 / 0737	1.26	83.0	105	7	7.2	31	Yes	6900
04 / 1224	1.32	88.0	116	9	7.1	31	Yes	6500
05 / 0932	1.12	92.0	103	10	7.1	23	Yes	6200
06 / 0728	1.23	76.0	93	10	7.2	23	Yes	7400
07 / 0825	1.20	88.0	106	10	7.1	23	Yes	6500
08 / 1025	1.16	76.0	88	9	6.9	25	Yes	7600
09 / 1246	1.27	88.0	112	8	6.9	26	Yes	6400
10 / 0741	1.24	88.0	109	8	6.9	25	Yes	6500
11 / 1150	1.45	80.0	116	8	6.9	26	Yes	7200
12 / 1322	1.26	83.0	105	9	6.9	26	Yes	6700
13 / 1023	1.23	88.0	108	9	6.9	25	Yes	6400
14 / 1436	1.18	83.0	98	8	6.8	25	Yes	6700
15 / 1123	1.12	83.0	93	8	6.8	25	Yes	6700
16 / 0919	1.16	92.0	107	8	6.8	25	Yes	6000
17 / 0917	1.23	88.0	108	8	6.7	25	Yes	6400
18 / 1415	1.24	88.0	109	7	6.7	25	Yes	6500
19 / 1158	1.25	98.0	123	7	6.7	26	Yes	5800
20 / 0910	1.25	55.0	69	8	6.7	26	Yes	10300
21 / 1351	1.13	92.0	104	8	6.5	21	Yes	6300
22 / 1049	1.23	98.0	121	8	6.7	25	Yes	5800
23 / 0835	1.22	88.0	107	8	6.8	25	Yes	6300
24 / 1204	1.25	92.0	115	7	6.9	26	Yes	6300
25 / Off ¹							Off ¹	
26 / 1224	1.24	72.0	89	7	6.8	25	Yes	7700
27 / 1238	1.18	92.0	109	8	6.9	25	Yes	6000
28 / 1107	1.13	104.0	118	8	6.9	25	Yes	5600
29 / 1016	1.31	88.0	115	8	6.9	26	Yes	6300
30 / 1519	1.19	83.0	99	8	6.9	25	Yes	6800
31 / 1248	1.26	80.0	101	8	6.9	26	Yes	7000

¹Plant 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