


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 / 2024

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	0.02	Off	0.02
2	Off	Off	0.02	0.02	0.02	Off	0.02
3	Off	Off	0.02	0.02	0.02	Off	0.02
4	Off	Off	0.02	0.02	0.02	Off	0.02
5	Off	Off	0.02	0.02	0.02	Off	0.02
6	Off	Off	0.02	0.02	0.02	Off	0.02
7	Off	Off	0.02	0.02	0.02	Off	0.02
8	Off	Off	0.02	0.02	0.02	Off	0.02
9	Off	Off	0.02	0.02	0.02	Off	0.02
10	Off	Off	0.02	0.02	0.02	Off	0.02
11	Off	Off	0.02	0.02	0.02	Off	0.02
12	0.02	Off	Off	Off	Off	0.02	0.03
13	0.02	Off	Off	Off	Off	0.02	0.02
14	Off	Off	Off	Off	0.02	0.02	0.02
15	Off	Off	0.02	0.02	Off	Off	0.02
16	Off	Off	Off	0.02	Off	Off	0.02
17	Off	Off	0.04	0.04	0.02	Off	0.05
18	Off	Off	0.02	0.02	Off	Off	0.02
19	Off	Off	0.02	0.02	0.02	Off	0.03
20	Off	Off	Off	0.02	0.02	Off	0.03
21	Off	Off	0.02	0.02	0.02	Off	0.03
22	Off	Off	0.02	0.02	0.02	Off	0.02
23	Off	Off	0.02	0.02	0.02	Off	0.03
24	Off	Off	0.02	0.02	0.02	Off	0.02
25	Off	Off	0.02	0.02	0.02	Off	0.02
26	Off	Off	0.02	0.02	0.02	Off	0.02
27	Off	Off	0.02	0.02	0.02	Off	0.02
28	Off	Off	0.02	0.02	0.02	Off	0.02
29	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 / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No			
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / No ²			
Notes:	PRINTED NAME: Chad Marshall		
	SIGNATURE: 	DATE: 3/5/2024	
	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: Feb / 2024** 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 / 1049	1.24	80.0	99	9	6.9	25	Yes	7200
02 / 1405	1.22	83.0	101	9	6.9	25	Yes	6800
03 / 1125	1.24	80.0	99	8	6.9	25	Yes	7300
04 / 0940	1.26	72.0	91	7	6.9	26	Yes	7600
05 / 1103	1.16	72.0	84	7	6.9	25	Yes	7600
06 / 1100	1.19	69.0	82	8	7.0	25	Yes	8300
07 / 0758	1.15	76.0	87	8	7.0	25	Yes	7400
08 / 0758	1.20	69.0	83	8	7.0	25	Yes	8100
09 / 1152	1.21	64.0	77	8	7.1	31	Yes	8800
10 / 0952	1.28	68.0	87	8	7.2	31	Yes	8700
11 / 1135	1.17	68.0	80	8	7.2	31	Yes	8500
12 / 1638	1.19	72.0	86	8	7.1	31	Yes	7900
13 / 1651	1.23	76.0	93	8	7.3	31	Yes	7400
14 / 1423	1.26	68.0	86	7	7.3	31	Yes	8700
15 / 0955	1.25	83.0	104	7	7.1	31	Yes	6900
16 / 1308	1.22	98.0	120	7	7.0	25	Yes	5800
17 / 1807	1.21	76.0	92	7	7.0	25	Yes	7500
18 / 1228	1.23	76.0	93	7	7.1	31	Yes	7500
19 / 1033	1.25	68.0	85	8	7.0	26	Yes	8500
20 / 1616	1.25	69.0	86	8	7.0	26	Yes	8100
21 / 1330	1.29	68.0	88	8	7.0	26	Yes	8400
22 / 1105	1.30	88.0	114	9	6.9	26	Yes	6500
23 / 0928	1.24	68.0	84	9	6.9	25	Yes	8500
24 / 0716	1.22	83.0	101	9	7.0	25	Yes	6800
25 / 0951	1.23	83.0	102	9	6.9	25	Yes	6700
26 / 1345	1.20	92.0	110	8	6.9	25	Yes	6100
27 / 1218	1.26	83.0	105	8	6.9	26	Yes	6900
28 / 1422	1.27	76.0	97	8	7.0	26	Yes	7600
29 / 0748	1.26	80.0	101	8	7.0	26	Yes	7100

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