

**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: Mar / 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	Off	Off	0.02	0.02	0.02	0.02	0.02
13	Off	Off	0.02	0.02	0.02	0.02	0.02
14	Off	Off	Off	0.02	0.02	0.02	0.02
15	Off	Off	Off	0.02	0.02	0.02	0.02
16	Off	Off	Off	0.02	0.02	0.02	0.02
17	Off	Off	Off	0.02	0.02	0.02	0.02
18	Off	Off	Off	0.02	0.02	0.02	0.02
19	Off	Off	Off	0.02	0.02	0.02	0.03
20	Off	Off	Off	0.02	0.02	0.02	0.02
21	Off	Off	Off	0.02	0.02	0.02	0.02
22	Off	Off	Off	0.02	0.02	Off	0.02
23	Off	Off	Off	0.02	0.02	Off	0.02
24	Off	Off	Off	0.02	0.02	Off	0.02
25	Off	Off	Off	0.02	0.02	Off	0.02
26	Off	Off	Off	0.02	0.02	Off	0.02
27	Off	Off	Off	0.02	0.02	Off	0.03
28	Off	Off	0.02	0.02	0.02	Off	0.03
29	Off	Off	Off	0.02	0.02	Off	0.02
30	Off	Off	Off	0.02	0.02	Off	0.03
31	Off	Off	Off	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	CT's met everyday? (see back)	<input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 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		<input checked="" type="radio"/> Yes <input type="radio"/> No		

**Notes:**

PRINTED NAME: Chad Marshall	Date: 04/08/2024
SIGNATURE: 	Cert #: T-08843
PHONE #: (541) 754-1758	

<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: Mar / 2024			Required Log Inactivation: 0.5	
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C)	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met?	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[°C]		Use Tables	Yes / No	[GPM]
01 / 0952	1.25	98.0	123	7	6.9	26	Yes	5,833
02 / 1434	1.28	88.0	113	7	7.0	26	Yes	6,597
03 / 1204	1.29	83.0	107	7	7.0	26	Yes	6,944
04 / 0949	1.25	76.0	95	7	7.0	26	Yes	7,500
05 / 1113	1.29	68.0	88	7	7.0	26	Yes	8,680
06 / 0742	1.24	63.0	78	6	7.0	26	Yes	9,306
07 / 1206	1.23	76.0	93	7	7.0	26	Yes	7,638
08 / 0811	1.22	69.0	84	7	7.0	26	Yes	8,056
09 / 0906	1.24	76.0	94	7	6.9	26	Yes	7,431
10 / 1042	1.27	92.0	117	8	6.9	26	Yes	5,972
11 / 0841	1.27	83.0	105	8	6.9	26	Yes	6,736
12 / 2110	1.27	69.0	88	8	7.0	26	Yes	8,194
13 / 1951	1.22	88.0	107	8	7.0	26	Yes	6,319
14 / 1627	1.21	92.0	111	8	6.9	26	Yes	6,181
15 / 1129	1.23	92.0	113	8	6.9	26	Yes	6,042
16 / 1834	1.24	104.0	129	9	6.9	26	Yes	5,417
17 / 1249	1.26	104.0	131	10	6.9	19	Yes	5,486
18 / 1347	1.21	92.0	111	10	6.9	19	Yes	6,111
19 / 0833	1.67	80.0	134	10	7.0	20	Yes	7,083
20 / 0921	1.57	92.0	144	10	6.9	20	Yes	6,250
21 / 1148	1.19	104.0	124	10	6.9	19	Yes	5,555
22 / 1934	1.23	98.0	121	10	6.9	19	Yes	5,625
23 / 0944	1.25	104.0	130	10	7.0	19	Yes	5,347
24 / 1231	1.24	104.0	129	9	6.9	26	Yes	5,208
25 / 0934	1.23	98.0	121	9	6.9	26	Yes	5,694
26 / 1552	1.25	88.0	110	9	6.9	26	Yes	6,389
27 / 1721	1.24	72.0	89	10	7.0	19	Yes	7,847
28 / 1235	1.25	83.0	104	9	7.0	26	Yes	6,944
29 / 1321	1.25	92.0	115	9	6.9	26	Yes	6,111
30 / 1232	1.28	92.0	118	9	6.9	26	Yes	6,111
31 / 0953	1.22	92.0	112	10	7.0	19	Yes	6,111

" 3 If Cl<sub>2</sub> 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](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)"