

**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: Oct / 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	Off	0.02	0.02	Off	0.02
3	Off	Off	0.02	0.02	0.03	Off	0.03
4	Off	Off	0.02	0.02	0.02	Off	0.02
5	Off	Off	0.01	0.02	0.02	Off	0.02
6	Off	Off	0.02	0.02	0.02	Off	0.04
7	Off	Off	Off	0.02	0.02	Off	0.03
8	Off	Off	0.02	0.02	0.02	Off	0.03
9	Off	Off	0.02	0.02	0.02	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	Off	0.02	0.02	Off	0.03
13	Off	Off	0.02	0.02	0.02	Off	0.03
14	Off	Off	Off	0.02	0.02	Off	0.03
15	Off	Off	0.02	0.02	0.02	Off	0.07
16	Off	Off	Off	0.02	Off	Off	0.03
17	Off	Off	0.02	0.02	0.02	Off	0.03
18	Off	Off	0.03	0.02	0.02	Off	0.03
19	Off	Off	0.02	0.02	0.02	Off	0.02
20	Off	Off	Off	0.02	0.02	Off	0.02
21	Off	Off	0.02	0.02	0.02	Off	0.02
22	Off	Off	0.03	0.02	0.02	Off	0.03
23	Off	Off	Off	0.02	0.02	Off	0.03
24	Off	Off	0.02	0.02	Off	Off	0.02
25	Off	Off	0.02	0.02	0.02	Off	0.02
26	Off	Off	0.02	0.02	Off	Off	0.04
27	Off	Off	0.01	0.02	0.02	Off	0.02
28	Off	Off	Off	0.01	0.02	Off	0.02
29	Off	Off	0.01	0.02	0.02	Off	0.02
30	Off	Off	0.01	0.01	0.01	Off	0.02
31	Off	Off	0.01	0.02	0.02	Off	0.02

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)
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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)	All Cl2 residuals at entry point ≥ 0.2 mg/l?
All the 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<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	Date: 11/01/2024
SIGNATURE: 	Cert #: T-08843
PHONE #: (541) 754-1758	

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: Oct / 2024		Required Log Inactivation: 0.5	
Date / Time	Minimum Cl2 Residual at 1st User (C)	Contact Time	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 / 0922	1.25	48.0	60	16	6.9	13	Yes	11,944
02 / 1328	1.26	48.0	60	15	6.9	13	Yes	12,152
03 / 1537	1.24	46.0	57	15	7.0	13	Yes	12,917
04 / 1228	1.33	46.0	61	14	6.9	19	Yes	12,431
05 / 0843	1.21	48.0	58	14	6.8	19	Yes	12,014
06 / 0921	1.23	58.0	71	14	6.9	19	Yes	9,653
07 / 1428	1.25	48.0	60	15	6.9	13	Yes	12,152
08 / 1349	1.26	51.0	64	15	6.9	13	Yes	11,319
09 / 0848	1.22	49.0	60	16	6.7	13	Yes	11,736
10 / 1133	1.27	51.0	65	15	6.8	13	Yes	11,458
11 / 1401	1.39	52.0	72	14	6.9	19	Yes	11,042
12 / 1149	1.31	51.0	67	14	6.8	19	Yes	11,181
13 / 0758	1.31	51.0	67	15	6.8	13	Yes	11,319
14 / 1129	1.26	51.0	64	15	6.8	13	Yes	11,181
15 / 0732	1.18	49.0	58	16	6.9	13	Yes	11,528
16 / 1107	1.26	54.0	68	16	6.7	13	Yes	10,486
17 / 1300	1.21	59.0	71	14	6.8	19	Yes	9,653
18 / 1035	1.26	59.0	74	14	6.8	19	Yes	9,444
19 / 0821	1.30	59.0	77	14	6.8	19	Yes	9,583
20 / 1312	1.20	59.0	71	14	6.8	19	Yes	9,583
21 / 1531	1.26	51.0	64	14	6.9	19	Yes	11,389
22 / 1340	1.26	55.0	69	13	6.9	19	Yes	10,139
23 / 1600	1.27	58.0	74	13	6.9	19	Yes	9,931
24 / 1038	1.30	52.0	68	12	6.9	19	Yes	10,972
25 / 1510	1.26	54.0	68	11	6.9	19	Yes	10,625
26 / 0709	1.19	52.0	62	12	6.9	19	Yes	10,833
27 / 1121	1.23	54.0	66	13	6.8	19	Yes	10,486
28 / 0946	1.21	68.0	82	14	6.7	19	Yes	8,472
29 / 1456	1.14	55.0	63	13	6.8	19	Yes	10,139
30 / 0821	1.56	55.0	86	13	6.7	20	Yes	10,208
31 / 1122	1.20	59.0	71	12	6.8	19	Yes	9,722

" 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