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: **Nov / 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	Off	Off	0.02
4	Off	Off	0.01	0.02	0.02	Off	0.03
5	Off	Off	Off	0.02	0.02	Off	0.02
6	Off	Off	0.02	0.02	0.02	Off	0.03
7	Off	Off	0.02	0.02	0.02	Off	0.02
8	Off	Off	0.02	0.02	0.02	Off	0.03
9	Off	Off	0.01	0.02	0.02	Off	0.02
10	Off	Off	0.01	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	Off	0.02
13	Off	Off	0.01	0.02	0.02	Off	0.02
14	Off	Off	0.01	0.02	0.02	Off	0.02
15	Off	Off	0.02	0.02	0.02	Off	0.03
16	Off	Off	0.02	0.02	Off	Off	0.03
17	Off	Off	0.02	0.02	0.02	Off	0.02
18	Off	Off	0.02	0.02	0.02	Off	0.04
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	0.01	0.02	0.02	Off	0.02
22	Off	Off	0.01	0.02	Off	Off	0.02
23	Off	Off	0.02	0.02	0.02	Off	0.02
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	0.02	Off	0.02
27	Off	Off	0.02	0.02	0.02	Off	0.03
28	Off	Off	Off	Off	Off	Off	Off
29	Off	Off	0.02	0.02	0.02	Off	0.03
30	Off	Off	0.01	0.02	0.02	Off	0.03

Conventional or Direct Filtration

95% of the 4-hour turbidity readings ≤ 0.3 NTU? (Yes) No
All the 4-hour turbidity readings ≤ 1 NTU? (Yes) No
All turbidity readings < IFE[2] triggers? (Yes) No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) No

All Cl2 residuals at entry point >= 0.2 mg/l? (Yes) No

Notes:

PRINTED NAME: Chad Marshall
SIGNATURE: Chad Marshall **Date: 12/05/2024**
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: Nov / 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 / 1353	1.28	59.0	76	11	6.8	19	Yes	9,513
02 / 1036	1.30	54.0	70	11	6.8	19	Yes	10,694
03 / 0744	1.27	51.0	65	11	6.9	19	Yes	11,181
04 / 1431	1.29	54.0	70	11	6.9	19	Yes	9,444
05 / 1553	1.25	58.0	73	11	6.9	19	Yes	9,931
06 / 0738	1.28	48.0	61	11	6.9	19	Yes	12,014
07 / 1448	1.43	64.0	92	10	6.9	20	Yes	8,819
08 / 0839	1.05	55.0	58	10	6.8	19	Yes	10,347
09 / 1329	1.29	59.0	76	10	6.9	19	Yes	9,444
10 / 1058	1.25	69.0	86	11	6.9	19	Yes	8,263
11 / 0752	1.27	69.0	88	11	7.0	19	Yes	8,194
12 / 1300	1.29	69.0	89	11	6.9	19	Yes	8,194
13 / 1033	1.23	69.0	85	11	6.9	19	Yes	8,194
14 / 1050	1.48	58.0	86	10	7.0	20	Yes	9,861
15 / 1234	1.29	46.0	59	9	7.0	26	Yes	12,431
16 / 1335	1.22	59.0	72	9	7.0	26	Yes	9,375
17 / 1345	1.24	63.0	78	9	7.0	26	Yes	9,236
18 / 0726	1.70	64.0	109	9	7.1	33	Yes	8,819
19 / 0737	1.25	64.0	80	9	7.1	31	Yes	8,889
20 / 1508	1.25	64.0	80	8	7.0	26	Yes	8,819
21 / 1320	1.30	64.0	83	8	6.4	22	Yes	8,819
22 / 1117	1.31	76.0	100	8	6.9	26	Yes	7,638
23 / 1102	1.28	68.0	87	9	6.8	26	Yes	8,611
24 / 1330	1.33	59.0	78	8	6.9	26	Yes	9,375
25 / 1137	1.27	58.0	74	8	6.9	26	Yes	9,931
26 / 0900	1.30	64.0	83	8	6.8	26	Yes	8,819
27 / 1348	1.31	63.0	83	8	6.9	26	Yes	9,236
28 /								OFF
29 / 1128	1.28	55.0	70	7	6.9	26	Yes	10,208
30 / 0932	1.22	76.0	93	7	6.9	26	Yes	7,500

" [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"