


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 / 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	Off	0.01	0.02	Off	0.03
2	Off	Off	Off	0.01	0.01	Off	0.02
3	Off	Off	0.01	0.01	0.01	Off	0.02
4	Off	Off	0.01	0.01	0.02	Off	0.02
5	Off	Off	0.01	0.02	0.01	Off	0.02
6	Off	Off	0.01	0.01	0.02	Off	0.02
7	Off	Off	0.01	0.01	0.02	Off	0.02
8	Off	Off	0.02	0.01	0.02	Off	0.02
9	Off	Off	0.01	0.02	0.01	Off	0.02
10	Off	Off	0.01	0.02	Off	Off	0.02
11	Off	Off	0.01	0.01	0.01	Off	0.02
12	Off	Off	0.01	0.02	0.02	Off	0.03
13	Off	Off	0.02	0.01	0.01	Off	0.02
14	Off	Off	0.02	0.01	Off	Off	0.02
15	Off	Off	0.02	0.01	0.02	Off	0.02
16	Off	Off	0.02	0.02	0.01	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	0.01	0.02	0.02	Off	0.02
22	Off	Off	0.01	0.01	0.02	Off	0.02
23	Off	Off	0.01	0.02	0.02	Off	0.02
24	Off	Off	0.01	0.01	0.02	Off	0.02
25	Off	Off	Off	Off	Off	Off	OFF
26	Off	Off	Off	0.02	0.02	Off	0.02
27	Off	Off	0.02	0.02	Off	Off	0.02
28	Off	Off	0.02	0.02	0.02	Off	0.02
29	Off	Off	Off	0.02	0.02	Off	0.02
30	Off	Off	0.02	0.03	0.02	Off	0.03
31	Off	Off	0.02	0.02	0.02	Off	0.03

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?		
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		
All turbidity readings < IFE ² triggers?	<input checked="" type="radio"/> Yes / <input type="radio"/> No				

Notes:

PRINTED NAME: Chad Marshall	Date: 01/02/2025
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: Dec / 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 / 1505	1.23	76.0	93	6	6.9	26	Yes	7,638
02 / 1004	1.27	76.0	97	6	6.8	26	Yes	7,500
03 / 0930	1.28	83.0	106	6	6.8	26	Yes	6,527
04 / 1018	1.21	76.0	92	6	6.9	26	Yes	7,500
05 / 0804	1.29	83.0	107	6	6.9	26	Yes	6,805
06 / 1521	1.26	64.0	81	6	7.0	26	Yes	8,889
07 / 1228	1.22	76.0	93	6	6.9	26	Yes	7,638
08 / 1532	1.21	88.0	106	6	6.9	26	Yes	6,528
09 / 1331	1.20	76.0	91	7	6.9	25	Yes	7,569
10 / 0959	1.22	55.0	67	7	6.9	26	Yes	10,278
11 / 0656	1.29	63.0	81	6	6.9	26	Yes	9,236
12 / 0826	1.22	68.0	83	6	7.0	26	Yes	8,403
13 / 1456	1.20	68.0	82	6	6.9	25	Yes	8,472
14 / 1440	1.22	92.0	112	7	6.9	26	Yes	6,250
15 / 1403	1.24	92.0	114	7	6.9	26	Yes	6,250
16 / 0713	1.31	80.0	105	7	6.9	26	Yes	7,153
17 / 0844	1.20	92.0	110	7	6.9	25	Yes	5,972
18 / 1116	1.18	92.0	109	8	6.9	25	Yes	5,972
19 / 0923	1.19	92.0	109	8	6.8	25	Yes	6,111
20 / 0917	1.16	88.0	102	8	6.9	25	Yes	6,388
21 / 1336	1.24	68.0	84	8	6.9	26	Yes	8,611
22 / 1140	1.24	88.0	109	8	6.8	26	Yes	6,388
23 / 0710	1.18	92.0	109	8	6.9	25	Yes	6,042
24 / 0833	1.20	83.0	100	8	6.8	25	Yes	6,805
25 /								OFF
26 / 1027	1.10	88.0	97	8	6.9	25	Yes	6,319
27 / 0845	1.18	92.0	109	8	6.8	25	Yes	6,041
28 / 0838	1.31	92.0	121	8	6.8	26	Yes	6,250
29 / 1333	1.21	88.0	106	9	6.9	26	Yes	6,319
30 / 1159	1.26	63.0	79	8	6.9	26	Yes	9,375
31 / 1104	1.27	59.0	75	8	6.9	26	Yes	9,652

" 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"