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: Jan / 2025**

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	Off	Off	Off	OFF
2	Off	Off	Off	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	0.03
6	Off	Off	0.02	0.02	0.02	Off	0.03
7	Off	Off	Off	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	0.01	0.02	0.02	Off	0.03
11	Off	Off	0.02	0.02	0.02	Off	0.03
12	Off	Off	0.02	0.01	0.02	Off	0.03
13	Off	Off	0.01	0.02	0.02	Off	0.02
14	Off	Off	0.01	0.02	0.01	Off	0.02
15	Off	Off	0.01	0.02	0.01	Off	0.02
16	Off	Off	0.01	0.02	0.02	Off	0.03
17	Off	Off	0.01	0.02	0.02	Off	0.03
18	Off	Off	0.01	0.02	0.01	Off	0.03
19	Off	Off	0.01	0.02	0.03	Off	0.02
20	Off	Off	0.01	0.02	0.01	Off	0.03
21	Off	Off	0.01	0.02	0.01	Off	0.02
22	Off	Off	0.01	0.02	0.02	Off	0.02
23	Off	Off	0.01	0.01	0.01	Off	0.02
24	Off	Off	0.01	0.01	0.01	Off	0.02
25	Off	Off	0.01	0.01	Off	Off	0.02
26	Off	Off	0.01	0.01	0.01	Off	0.02
27	Off	Off	0.02	0.02	0.02	Off	0.02
28	Off	Off	0.01	0.02	0.01	Off	0.04
29	Off	Off	0.01	0.02	0.01	Off	0.02
30	Off	Off	0.01	0.02	0.02	Off	0.02
31	Off	Off	0.02	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: 02/03/2025**

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: Jan / 2025** 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 /								OFF
02 / 1147	1.27	83.0	105	8	6.8	26	Yes	6,875
03 / 1122	1.30	76.0	99	8	6.9	26	Yes	7,638
04 / 0913	1.23	88.0	108	8	6.8	26	Yes	6,458
05 / 0742	1.21	88.0	106	8	6.9	26	Yes	6,389
06 / 1359	1.25	88.0	110	8	6.9	26	Yes	6,528
07 / 1326	1.28	72.0	92	8	6.9	26	Yes	7,847
08 / 1132	1.27	76.0	97	8	6.9	26	Yes	7,638
09 / 0952	1.30	76.0	99	7	6.9	26	Yes	7,638
10 / 0826	1.25	72.0	90	7	6.9	26	Yes	7,708
11 / 0724	1.22	88.0	107	7	6.9	26	Yes	6,528
12 / 1321	1.22	83.0	101	7	6.9	26	Yes	6,736
13 / 0752	1.23	59.0	73	7	6.9	26	Yes	9,722
14 / 0959	1.28	69.0	88	7	6.8	26	Yes	8,056
15 / 0810	1.24	64.0	79	7	6.8	26	Yes	8,889
16 / 0803	1.24	68.0	84	7	6.9	26	Yes	8,403
17 / 1432	1.20	83.0	100	6	6.9	25	Yes	6,736
18 / 1238	1.29	76.0	98	6	6.9	26	Yes	7,430
19 / 1113	1.24	88.0	109	6	6.9	26	Yes	6,528
20 / 1512	1.21	92.0	111	5	6.9	26	Yes	6,250
21 / 1033	1.22	76.0	93	5	6.9	26	Yes	7,361
22 / 1529	1.29	72.0	93	5	7.0	26	Yes	7,778
23 / 1344	1.24	72.0	89	5	7.0	26	Yes	7,778
24 / 1408	1.25	80.0	100	5	7.0	26	Yes	7,083
25 / 1033	1.20	83.0	100	5	7.0	25	Yes	6,944
26 / 0917	1.24	72.0	89	5	7.0	26	Yes	7,986
27 / 0737	1.22	69.0	84	5	7.0	26	Yes	8,194
28 / 1321	1.24	76.0	94	4	7.0	37	Yes	7,638
29 / 1508	1.26	72.0	91	5	7.0	26	Yes	7,847
30 / 1426	1.23	80.0	98	5	7.0	26	Yes	7,014
31 / 1019	1.27	68.0	86	5	6.9	26	Yes	8,472

" [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"