


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton
Conventional or Direct Filtration

System Name: Corvallis, City of ID#: 41 00225 WTP-: WTP - B Month/Year: Nov / 2023

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	0.03	0.03	0.03	0.03	0.03	0.03	0.04
2	0.03	0.04	0.04	0.03	0.04	0.04	0.05
3	0.03	0.03	0.03	0.03	0.04	0.03	0.05
4	0.03	0.03	0.04	0.04	0.05	0.04	0.06
5	0.04	0.03	0.03	0.03	0.04	0.03	0.05
6	0.03	0.03	0.04	0.03	0.04	0.04	0.06
7	0.03	0.03	0.03	0.03	0.03	0.03	0.04
8	0.03	0.03	0.03	0.03	0.04	0.03	0.05
9	0.03	0.03	0.03	0.03	0.03	0.03	0.05
10	0.03	0.03	0.03	0.03	0.03	0.03	0.04
11	0.03	0.03	0.03	0.03	0.03	0.04	0.04
12	0.03	0.03	0.03	0.03	0.03	0.03	0.05
13	0.03	0.03	0.03	0.03	0.04	0.03	0.05
14	0.03	0.03	0.03	0.03	0.03	0.03	0.05
15	0.03	0.03	0.03	0.03	0.03	0.03	0.05
16	0.03	0.03	0.03	0.03	0.04	0.03	0.05
17	0.03	0.03	0.03	0.03	0.04	0.03	0.07
18	0.03	0.03	0.03	0.03	0.04	0.03	0.05
19	0.03	0.03	0.03	0.03	0.03	0.03	0.05
20	0.03	0.03	0.03	0.03	0.04	0.03	0.05
21	0.03	0.03	0.03	0.03	0.04	0.03	0.05
22	0.03	0.03	0.03	0.03	0.03	0.03	0.05
23	0.03	0.03	0.03	0.03	0.03	0.03	0.06
24	0.03	0.03	0.03	0.03	0.03	0.03	0.05
25	0.03	0.03	0.03	0.02	0.03	0.03	0.04
26	0.03	0.04	0.03	0.03	0.03	0.03	0.06
27	0.04	0.03	0.03	0.04	0.03	0.03	0.06
28	0.04	0.03	0.03	0.06	0.03	0.03	0.07
29	0.03	0.03	0.05	0.03	0.03	0.03	0.07
30	0.03	0.03	0.03	0.04	0.03	0.03	0.05

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 Cl ₂ 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 ² triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No ²			
Notes:	PRINTED NAME: Chad Marshall		
	SIGNATURE: 	DATE: 12/7/2023	
	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 - B **Month/Year: Nov / 2023** Required Log Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
01 / 2000	1.19	36	43	10	7.3	23	Yes	1806
02 / 0800	1.14	36	41	11	7.3	23	Yes	1806
03 / 1200	1.16	36	42	12	7.2	23	Yes	1806
04 / 1600	1.13	36	41	12	7.2	23	Yes	1736
05 / 1600	1.20	36	43	13	7.3	23	Yes	1528
06 / 1200	1.12	36	40	13	7.2	23	Yes	1528
07 / 1600	1.13	36	41	12	7.2	23	Yes	1528
08 / 1200	1.20	36	43	11	7.3	23	Yes	1597
09 / 1200	1.20	36	43	12	7.2	23	Yes	1736
10 / 0800	1.19	36	43	11	7.2	23	Yes	1736
11 / 1200	1.16	36	42	11	7.2	23	Yes	1736
12 / 1200	1.18	36	42	11	7.2	23	Yes	1736
13 / 0800	1.09	36	39	11	7.2	23	Yes	1736
14 / 1200	1.20	36	43	11	7.2	23	Yes	1736
15 / 1200	1.18	36	42	11	7.2	23	Yes	1736
16 / 1200	1.17	36	42	11	7.3	23	Yes	1736
17 / 1200	1.16	36	42	11	7.3	23	Yes	1736
18 / 1200	1.17	36	42	11	7.3	23	Yes	1736
19 / 0800	1.15	36	41	11	7.2	23	Yes	1736
20 / 1200	1.18	36	42	10	7.3	23	Yes	1736
21 / 1200	1.20	36	43	10	7.3	23	Yes	1736
22 / 1200	1.13	36	41	10	7.3	23	Yes	1736
23 / 1200	1.16	36	42	10	7.3	23	Yes	1736
24 / 1200	1.15	36	41	9	7.3	31	Yes	1736
25 / 1200	1.16	36	42	9	7.2	31	Yes	1944
26 / 1200	1.17	36	42	8	7.1	31	Yes	1944
27 / 1200	1.16	36	42	8	7.2	31	Yes	1944
28 / 1200	1.18	36	42	7	7.2	31	Yes	1944
29 / 1600	1.19	36	43	7	7.2	31	Yes	1806
30 / 0800	1.15	36	41	7	7.3	31	Yes	1806

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.