


**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: Jan / 2024**

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day <sup>1</sup> (NTU)
1	0.03	0.03	0.03	0.03	0.03	0.03	0.05
2	0.03	0.03	0.03	0.03	0.03	0.03	0.05
3	0.03	0.03	0.03	0.03	0.03	0.03	0.04
4	0.03	0.03	0.03	0.03	0.04	0.03	0.05
5	0.03	0.03	0.03	0.03	0.03	0.03	0.04
6	0.03	0.03	0.03	0.03	0.04	0.04	0.05
7	0.03	0.03	0.03	0.03	0.04	0.03	0.04
8	0.03	0.03	0.03	0.03	0.03	0.03	0.04
9	0.03	0.03	0.03	0.05	0.04	0.03	0.06
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	0.03	0.06
12	0.03	0.03	0.03	0.03	0.04	0.03	0.05
13	0.03	0.03	0.03	0.03	0.03	0.03	0.06
14	0.03	0.03	0.03	0.04	0.03	0.03	0.05
15	0.03	0.03	0.03	0.04	0.03	0.03	0.05
16	0.03	0.03	0.03	0.03	0.03	0.03	0.04
17	0.03	0.03	0.03	0.04	0.03	0.03	0.05
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	0.06
20	0.03	0.03	0.03	0.03	0.03	0.03	0.04
21	0.03	0.03	0.03	0.03	0.03	0.03	0.04
22	0.03	0.03	0.03	0.03	0.03	0.03	0.04
23	0.03	0.03	0.03	0.03	0.04	0.03	0.05
24	0.03	0.03	0.03	0.03	0.03	0.03	0.07
25	0.03	0.03	0.03	0.03	0.04	0.03	0.05
26	0.03	0.03	0.03	0.03	0.03	0.03	0.05
27	0.03	0.03	0.03	0.05	0.04	0.03	0.06
28	0.03	0.03	0.03	0.03	0.04	0.03	0.05
29	0.03	0.03	0.03	0.03	0.03	0.03	0.05
30	0.03	0.03	0.03	0.03	0.03	0.03	0.04
31	0.03	0.03	0.03	0.03	0.03	0.03	0.05

<b>Conventional or Direct Filtration</b>	<b>Monthly Summary (Answer Yes or No)</b>	
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 <sub>2</sub> 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 <sup>2</sup> triggers? <input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>Notes:</b>	<b>PRINTED NAME:</b> Chad Marshall	
	<b>SIGNATURE:</b> 	<b>DATE:</b> 2/7/2024
	<b>PHONE #:</b> (541) 754-1758	<b>CERT #:</b> T-08843

<sup>1</sup> 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.

<sup>2</sup> 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: Jan / 2024** Required Log Inactivation: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
01 / 0800	1.22	36	44	9	7.4	31	Yes	1806
02 / 1200	1.16	36	42	9	7.4	31	Yes	1806
03 / 1200	1.15	36	41	8	7.3	31	Yes	1806
04 / 0800	1.16	36	42	9	7.3	31	Yes	1736
05 / 1200	1.18	36	42	9	7.2	31	Yes	1806
06 / 1600	1.11	36	40	8	7.3	31	Yes	1806
07 / 1200	1.24	36	45	8	7.2	31	Yes	1806
08 / 1200	1.23	36	44	8	7.3	31	Yes	1806
09 / 1200	1.15	36	41	8	7.1	31	Yes	1806
10 / 1200	1.19	36	43	8	7.2	31	Yes	1806
11 / 0800	1.20	36	43	8	7.3	31	Yes	1806
12 / 0800	1.19	36	43	8	7.4	31	Yes	1806
13 / 1200	1.26	36	45	8	7.3	31	Yes	1736
14 / 0800	1.25	36	45	7	7.2	31	Yes	1806
15 / 0800	1.34	36	48	6	7.3	31	Yes	1806
16 / 1600	1.36	36	49	6	7.3	31	Yes	1806
17 / 1600	1.39	36	50	6	7.3	31	Yes	1597
18 / 1200	1.35	36	49	6	7.2	31	Yes	1597
19 / 1200	1.38	36	50	6	7.3	31	Yes	1528
20 / 1200	1.33	36	48	6	7.4	31	Yes	1667
21 / 1200	1.31	36	47	6	7.3	31	Yes	1736
22 / 1200	1.37	36	49	6	7.2	31	Yes	1736
23 / 1200	1.32	36	48	6	7.2	31	Yes	1736
24 / 1200	1.35	36	49	6	7.3	31	Yes	1736
25 / 1200	1.34	36	48	7	7.2	31	Yes	1736
26 / 0800	1.35	36	49	7	7.4	31	Yes	1736
27 / 0800	1.32	36	48	7	7.3	31	Yes	1736
28 / 1200	1.37	36	49	8	7.3	31	Yes	1736
29 / 1200	1.24	36	45	9	7.4	31	Yes	1736
30 / 1200	1.24	36	45	9	7.4	31	Yes	1736
31 / 1600	1.21	36	44	9	7.4	31	Yes	1736

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.