


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: Feb / 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	0.03	0.03	0.03	0.03	0.03	0.03	0.05
2	0.03	0.03	0.03	0.03	0.04	0.03	0.06
3	0.03	0.03	0.03	0.03	0.03	0.03	0.04
4	0.04	0.03	0.03	0.03	0.03	0.03	0.04
5	0.03	0.03	0.03	0.03	0.03	0.03	0.04
6	0.03	0.03	0.03	0.03	0.03	0.03	0.04
7	0.03	0.03	0.03	0.03	0.03	0.03	0.05
8	0.03	0.03	0.03	0.03	0.04	0.03	0.05
9	0.03	0.03	0.03	0.03	0.04	0.03	0.05
10	0.03	0.03	0.03	0.03	0.04	0.03	0.05
11	0.03	0.03	0.03	0.03	0.04	0.03	0.05
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	0.05
14	0.03	0.03	0.03	0.03	0.03	0.03	0.05
15	0.04	0.03	0.03	0.03	0.04	0.03	0.06
16	0.03	0.03	0.03	0.03	0.04	0.03	0.06
17	0.03	0.03	0.03	0.03	0.04	0.03	0.05
18	0.03	0.03	0.03	0.03	0.03	0.03	0.05
19	0.03	0.03	0.03	0.03	0.04	0.03	0.05
20	0.03	0.03	0.03	0.03	0.03	0.03	0.04
21	0.03	0.03	0.03	0.03	0.05	0.04	0.06
22	0.03	0.03	0.03	0.03	0.04	0.03	0.05
23	0.03	0.03	0.03	0.03	0.03	0.03	0.05
24	0.03	0.03	0.03	0.03	0.03	0.03	0.05
25	0.03	0.03	0.03	0.03	0.03	0.03	0.05
26	0.03	0.03	0.03	0.03	0.04	0.03	0.05
27	0.03	0.03	0.03	0.03	0.03	0.03	0.04
28	0.03	0.03	0.03	0.03	0.03	0.03	0.06
29	0.03	0.04	0.03	0.04	0.04	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	All the 4-hour turbidity readings ≤ 1 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 turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No		Notes:	
		PRINTED NAME: Chad Marshall	DATE: 3/5/2024
		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 - B

Month/Year: Feb / 2024

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 / 1200	1.10	36	40	9	7.4	31	Yes	1736
02 / 1200	1.21	36	44	9	7.3	31	Yes	1736
03 / 1200	1.20	36	43	8	7.3	31	Yes	1736
04 / 1200	1.24	36	45	8	7.3	31	Yes	1736
05 / 1200	1.25	36	45	8	7.3	31	Yes	1736
06 / 1200	1.22	36	44	8	7.2	31	Yes	1736
07 / 1200	1.23	36	44	8	7.2	31	Yes	1736
08 / 1200	1.22	36	44	8	7.2	31	Yes	1667
09 / 1200	1.21	36	44	8	7.2	31	Yes	1736
10 / 1200	1.15	36	41	8	7.2	31	Yes	1736
11 / 1200	1.17	36	42	8	7.3	31	Yes	1736
12 / 1200	1.18	36	42	8	7.3	31	Yes	1736
13 / 1200	1.20	36	43	8	7.3	31	Yes	1736
14 / 2000	1.21	36	44	8	7.4	31	Yes	1736
15 / 1200	1.14	36	41	8	7.2	31	Yes	1736
16 / 0800	1.11	36	40	8	7.3	31	Yes	1736
17 / 1600	1.26	36	45	8	7.4	31	Yes	1736
18 / 1600	1.17	36	42	8	7.4	31	Yes	1736
19 / 1200	1.14	36	41	8	7.3	31	Yes	1736
20 / 1200	1.21	36	44	8	7.3	31	Yes	1736
21 / 1200	1.12	36	40	8	7.2	31	Yes	1736
22 / 1200	1.17	36	42	8	7.2	31	Yes	1806
23 / 1200	1.13	36	41	9	7.2	31	Yes	1875
24 / 1200	1.14	36	41	9	7.3	31	Yes	1806
25 / 1200	1.13	36	41	9	7.4	31	Yes	1806
26 / 1200	1.11	36	40	9	7.3	31	Yes	1806
27 / 1200	1.16	36	42	8	7.2	31	Yes	1806
28 / 1200	1.19	36	43	8	7.4	31	Yes	1875
29 / 0800	1.14	36	41	9	7.4	31	Yes	1667

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