

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: Apr / 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	0.04	0.03	0.03	0.03	0.03	0.07
2	0.03	0.03	0.03	0.02	0.03	0.03	0.08
3	0.03	0.03	0.03	0.03	0.03	0.03	0.05
4	0.03	0.03	0.03	0.03	0.03	0.03	0.05
5	0.03	0.03	0.03	0.03	0.03	0.03	0.05
6	0.03	0.03	0.03	0.03	0.03	0.03	0.05
7	0.03	0.03	0.03	0.03	0.04	0.03	0.05
8	0.03	0.03	0.03	0.03	0.03	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	0.03	0.06
12	0.03	0.03	0.03	0.03	0.03	0.03	0.05
13	0.03	0.03	0.03	0.03	0.03	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	0.06
16	0.03	0.03	0.03	0.03	0.03	0.03	0.04
17	0.03	0.03	0.03	0.03	0.03	0.03	0.05
18	0.03	0.03	0.03	0.02	0.03	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	0.03	0.03	0.05
21	0.03	0.03	0.03	0.03	0.03	0.03	0.05
22	0.03	0.03	0.03	0.03	0.03	0.03	0.04
23	0.03	0.03	0.03	0.03	0.03	0.03	0.04
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	0.04	0.03	0.05
28	0.03	0.03	0.03	0.03	0.03	0.03	0.04
29	0.03	0.03	0.03	0.03	0.04	0.04	0.05
30	0.04	0.03	0.03	0.03	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?	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	(see back)	<input checked="" type="radio"/> Yes <input type="radio"/> No
All turbidity readings < IFE ² triggers?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Notes:	PRINTED NAME: Chad Marshall		Date: 05/06/2024
	SIGNATURE: <i>Chad Marshall</i>		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: Apr / 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]	7.3	Use Tables	Yes / No	[GPM]
01	0600	1.34	36	48	10	7.3	23	Yes	1,875
02	0000	1.28	36	46	10	7.3	23	Yes	1,875
03	0300	1.30	36	47	11	7.4	23	Yes	1,875
04	1000	1.29	36	46	10	7.4	23	Yes	1,806
05	0300	1.24	36	45	9	7.4	31	Yes	1,806
06	0200	1.23	36	44	9	7.4	31	Yes	1,806
07	0900	1.16	36	42	9	7.4	31	Yes	1,806
08	0100	1.30	36	47	9	7.4	31	Yes	1,806
09	0100	1.33	36	48	10	7.4	23	Yes	1,806
10	0100	1.36	36	49	10	7.5	23	Yes	1,806
11	0800	1.34	36	48	10	7.4	23	Yes	1,806
12	1100	1.16	36	42	10	7.4	23	Yes	1,806
13	0900	1.33	36	48	11	7.4	23	Yes	1,806
14	0900	1.23	36	44	11	7.3	23	Yes	1,806
15	0000	1.32	36	48	11	7.3	23	Yes	1,806
16	0000	1.32	36	48	10	7.3	23	Yes	1,806
17	0900	1.28	36	46	10	7.3	23	Yes	1,806
18	2300	1.24	36	45	10	7.4	23	Yes	1,806
19	0900	1.16	36	42	10	7.4	23	Yes	1,806
20	2300	1.19	36	43	11	7.4	23	Yes	1,806
21	0800	1.20	36	43	11	7.4	23	Yes	1,806
22	1000	1.17	36	42	11	7.4	23	Yes	1,806
23	0100	1.35	36	49	11	7.4	23	Yes	1,806
24	0000	1.28	36	46	11	7.4	23	Yes	1,806
25	0900	1.26	36	45	11	7.4	23	Yes	1,806
26	1100	1.13	36	41	11	7.3	23	Yes	1,875
27	1000	1.23	36	44	11	7.3	23	Yes	1,806
28	1000	1.26	36	45	11	7.3	23	Yes	1,806
29	1000	1.18	36	42	11	7.3	23	Yes	1,875
30	0900	1.33	36	48	11	7.3	23	Yes	1,875

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