


**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: May / 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	0.04	0.03	0.03	0.03	0.04	0.03	0.05
2	0.03	0.03	0.03	0.03	0.04	0.03	0.05
3	0.03	0.03	0.03	0.03	0.05	0.03	0.06
4	0.03	0.03	0.03	0.04	0.04	0.03	0.05
5	0.03	0.03	0.03	0.03	0.04	0.03	0.06
6	0.03	0.03	0.03	0.03	0.04	0.03	0.05
7	0.03	0.03	0.03	0.03	0.03	0.03	0.04
8	0.03	0.03	0.03	0.03	0.03	0.03	0.05
9	0.03	0.03	0.03	0.02	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	0.04
14	0.03	0.03	0.03	0.03	0.03	0.03	0.04
15	0.03	0.03	0.03	0.03	0.03	0.03	0.05
16	0.03	0.03	0.03	0.03	0.03	0.03	0.05
17	0.03	0.03	0.03	0.03	0.03	0.03	0.05
18	0.03	0.03	0.03	0.03	0.03	0.03	0.07
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	0.06
21	0.03	0.03	0.03	0.03	0.03	0.03	0.05
22	0.03	0.03	0.03	0.02	0.02	0.02	0.04
23	0.03	0.03	0.02	0.02	0.03	0.03	0.08
24	0.03	0.03	0.03	0.02	0.02	0.02	0.03
25	0.03	0.03	0.02	0.02	0.03	0.03	0.04
26	0.03	0.03	0.02	0.02	0.02	0.02	0.04
27	0.03	0.03	0.02	0.02	0.03	0.03	0.05
28	0.03	0.03	0.03	0.02	0.02	0.02	0.03
29	0.02	0.03	0.02	0.02	0.04	0.03	0.05
30	0.03	0.03	0.03	0.02	0.02	0.02	0.03
31	0.03	0.02	0.02	0.02	0.03	0.03	0.04

<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?	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 <sup>2</sup> triggers?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>Notes:</b>	<b>PRINTED NAME:</b> Chad Marshall		<b>Date:</b> 06/04/2024
	<b>SIGNATURE:</b> 		<b>Cert #:</b> T-08843
	<b>PHONE #:</b> (541) 754-1758		

<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: May / 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]	<b>C X T</b>	[°C]	7.3	Use Tables	Yes / No	[GPM]	
01	0200	1.25	36	45	10	7.3	23	Yes	1,806	
02	1100	1.14	36	41	11	7.3	23	Yes	1,806	
03	0200	1.16	36	42	11	7.4	23	Yes	1,875	
04	0100	1.29	36	46	11	7.4	23	Yes	1,875	
05	0200	1.24	36	45	11	7.4	23	Yes	1,875	
06	0100	1.31	36	47	11	7.4	23	Yes	1,875	
07	1700	1.18	36	42	11	7.4	23	Yes	1,875	
08	1200	1.14	36	41	11	7.4	23	Yes	1,806	
09	0100	1.23	36	44	11	7.3	23	Yes	1,806	
10	0000	1.24	36	45	12	7.3	23	Yes	1,875	
11	0900	1.17	36	42	12	7.3	23	Yes	1,806	
12	0900	1.17	36	42	13	7.3	23	Yes	1,806	
13	0000	1.28	36	46	13	7.3	23	Yes	1,875	
14	0000	1.31	36	47	13	7.3	23	Yes	1,806	
15	0100	1.29	36	46	14	7.3	23	Yes	1,806	
16	0100	1.26	36	45	14	7.4	23	Yes	1,806	
17	1000	1.11	36	40	14	7.4	23	Yes	1,806	
18	0100	1.33	36	48	14	7.4	23	Yes	1,875	
19	0000	1.27	36	46	13	7.3	23	Yes	1,806	
20	0000	1.35	36	49	13	7.4	23	Yes	1,806	
21	0900	1.22	36	44	13	7.4	23	Yes	1,806	
22	1900	1.19	36	43	13	7.4	23	Yes	1,806	
23	0100	1.33	36	48	13	7.4	23	Yes	1,806	
24	2000	1.27	36	46	13	7.4	23	Yes	1,875	
25	0100	1.29	36	46	13	7.4	23	Yes	1,806	
26	2000	1.28	36	46	12	7.3	23	Yes	1,875	
27	0100	1.30	36	47	13	7.3	23	Yes	1,806	
28	0600	1.38	36	50	13	7.3	23	Yes	1,806	
29	0100	1.30	36	47	13	7.3	23	Yes	1,806	
30	0600	1.24	36	45	13	7.3	23	Yes	1,875	
31	0100	1.31	36	47	13	7.3	23	Yes	1,806	

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