

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: Jun / 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	0.02	0.02	0.02	0.03
2	0.03	0.03	0.02	0.02	0.03	0.03	0.07
3	0.03	0.03	0.03	0.04	0.03	0.03	0.06
4	0.03	0.03	0.03	0.02	0.03	0.03	0.04
5	0.03	0.03	0.03	0.02	0.02	0.02	0.03
6	0.03	0.03	0.02	0.02	0.03	0.03	0.04
7	0.03	0.03	0.03	0.02	0.02	0.02	0.03
8	0.03	0.03	0.02	0.02	0.03	0.03	0.06
9	0.03	0.03	0.03	0.02	0.02	0.02	0.04
10	0.03	0.03	0.02	0.03	0.02	0.02	0.04
11	0.03	0.03	0.02	0.02	0.02	0.02	0.05
12	0.03	0.03	0.03	0.03	0.03	0.02	0.04
13	0.03	0.03	0.02	0.02	0.02	0.02	0.05
14	0.02	0.02	0.02	0.02	0.03	0.02	0.04
15	0.03	0.03	0.03	0.02	0.02	0.02	0.05
16	0.03	0.03	0.02	0.02	0.03	0.03	0.04
17	0.03	0.04	0.03	0.03	0.03	0.02	0.04
18	0.03	0.03	0.03	0.03	0.03	0.03	0.04
19	0.03	0.03	0.02	0.02	0.02	0.02	0.09
20	0.02	0.02	0.02	0.02	0.03	0.03	0.05
21	0.03	0.03	0.03	0.02	0.02	0.02	0.04
22	0.03	0.03	0.02	0.02	0.03	0.03	0.04
23	0.03	0.03	0.03	0.02	0.02	0.02	0.05
24	0.03	0.03	0.02	0.02	0.03	0.03	0.04
25	0.03	0.03	0.03	0.02	0.02	0.02	0.03
26	0.03	0.03	0.02	0.04	0.03	0.03	0.05
27	0.03	0.03	0.03	0.02	0.02	0.02	0.03
28	0.03	0.03	0.02	0.02	0.03	0.03	0.04
29	0.03	0.03	0.03	0.02	0.02	0.02	0.03
30	0.03	0.03	0.02	0.02	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	
		SIGNATURE: <i>Chad Marshall</i>	
		PHONE #: (541) 754-1758	
		Date: 07/05/2024	
		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: Jun / 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	2000	1.20	36	43	13	7.3	23	Yes	1,875	
02	0000	1.23	36	44	13	7.3	23	Yes	1,875	
03	2300	1.29	36	46	13	7.3	23	Yes	1,806	
04	0800	1.34	36	48	13	7.3	23	Yes	1,875	
05	1900	1.24	36	45	13	7.4	23	Yes	1,875	
06	0100	1.25	36	45	14	7.5	23	Yes	1,806	
07	1900	1.27	36	46	14	7.4	23	Yes	1,875	
08	0000	1.30	36	47	14	7.4	23	Yes	1,806	
09	1900	1.27	36	46	14	7.4	23	Yes	1,806	
10	2100	1.28	36	46	15	7.4	16	Yes	1,806	
11	1700	1.17	36	42	15	7.3	15	Yes	1,875	
12	2000	1.19	36	43	14	7.4	23	Yes	1,875	
13	1600	1.13	36	41	14	7.3	23	Yes	1,806	
14	0100	1.27	36	46	14	7.4	23	Yes	1,875	
15	1000	1.17	36	42	14	7.4	23	Yes	1,875	
16	0000	1.14	36	41	14	7.4	23	Yes	1,875	
17	0900	1.18	36	42	13	7.2	23	Yes	1,875	
18	0000	1.29	36	46	13	7.3	23	Yes	1,875	
19	1800	1.24	36	45	13	7.3	23	Yes	1,875	
20	2300	1.27	36	46	14	7.3	23	Yes	1,806	
21	0300	1.23	36	44	15	7.3	16	Yes	1,806	
22	1200	1.15	36	41	15	7.3	15	Yes	1,875	
23	1800	1.20	36	43	15	7.3	15	Yes	1,875	
24	2300	1.27	36	46	15	7.4	16	Yes	1,806	
25	1800	1.26	36	45	15	7.3	16	Yes	1,875	
26	2200	1.20	36	43	15	7.4	15	Yes	1,875	
27	0300	1.27	36	46	15	7.4	16	Yes	1,875	
28	1200	1.16	36	42	15	7.4	15	Yes	1,875	
29	0300	1.29	36	46	15	7.4	16	Yes	1,875	
30	1100	1.17	36	42	15	7.3	15	Yes	1,875	

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