

**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: Aug / 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	0.06
2	0.03	0.03	0.03	0.03	0.03	0.03	0.04
3	0.03	0.03	0.03	0.03	0.03	0.03	0.09
4	0.03	0.03	0.03	0.03	0.03	0.03	0.03
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	0.03
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	0.04
9	0.03	0.03	0.03	0.03	0.03	0.03	0.04
10	0.03	0.03	0.03	0.03	0.03	0.03	0.03
11	0.03	0.03	0.03	0.03	0.03	0.03	0.05
12	0.03	0.03	0.03	0.03	0.03	0.03	0.04
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	0.04	0.03	0.04
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	0.07
18	0.03	0.03	0.03	0.03	0.03	0.03	0.04
19	0.03	0.03	0.03	0.03	0.03	0.03	0.04
20	0.03	0.03	0.04	0.03	0.04	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	0.04	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	0.04	0.03	0.07
25	0.04	0.04	0.03	0.03	0.03	0.03	0.04
26	0.03	0.03	0.03	0.03	0.04	0.04	0.04
27	0.03	0.03	0.03	0.03	0.03	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	0.07

**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 <sup>2</sup> 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: *Chad Marshall*

PHONE #: (541) 754-1758

Date: 09/09/2024

Cert #: 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: Aug / 2024		Required Log Inactivation: 0.5	
Date	Time	Minimum Cl <sub>2</sub> 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]	7.1	Use Tables	Yes / No	[GPM]	
01	0200	1.24	36	45	18	7.1	16	Yes	1,736	
02	1900	1.21	36	44	19	7.1	16	Yes	1,806	
03	0000	1.20	36	43	19	7.1	15	Yes	1,806	
04	1800	1.22	36	44	19	7.1	16	Yes	1,806	
05	0200	1.19	36	43	19	7.1	15	Yes	1,806	
06	0500	1.19	36	43	19	7.1	15	Yes	1,806	
07	0300	1.18	36	42	19	7.1	15	Yes	1,736	
08	0600	1.23	36	44	19	7.1	16	Yes	1,736	
09	0200	1.26	36	45	19	7.1	16	Yes	1,736	
10	0400	1.23	36	44	19	7.1	16	Yes	1,806	
11	0100	1.20	36	43	19	7.1	15	Yes	1,736	
12	1700	1.13	36	41	19	7.1	15	Yes	1,806	
13	0800	1.19	36	43	18	7.1	15	Yes	1,736	
14	0700	1.20	36	43	18	7.1	15	Yes	1,806	
15	0200	1.19	36	43	18	7.1	15	Yes	1,736	
16	1700	1.13	36	41	18	7.0	15	Yes	1,806	
17	0900	1.19	36	43	19	7.1	15	Yes	1,736	
18	1500	1.20	36	43	18	7.1	15	Yes	1,597	
19	2200	1.22	36	44	18	7.1	16	Yes	1,667	
20	0300	1.19	36	43	18	7.2	15	Yes	1,667	
21	0500	1.16	36	42	18	7.2	15	Yes	1,667	
22	0800	1.16	36	42	18	7.2	15	Yes	1,597	
23	0000	1.20	36	43	18	7.3	15	Yes	1,667	
24	0200	1.16	36	42	18	7.2	15	Yes	1,667	
25	1700	1.14	36	41	18	7.2	15	Yes	1,667	
26	0200	1.24	36	45	18	7.1	16	Yes	1,667	
27	1700	1.17	36	42	18	7.1	15	Yes	1,667	
28	0100	1.28	36	46	18	7.1	16	Yes	1,597	
29	1800	1.19	36	43	18	7.1	15	Yes	1,597	
30	2300	1.24	36	45	18	7.1	16	Yes	1,597	
31	1700	1.19	36	43	19	7.1	15	Yes	1,597	

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