


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: Sep / 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	0.04	0.03	0.05
2	0.03	0.03	0.03	0.03	0.03	0.03	0.06
3	0.03	0.03	0.03	0.04	0.03	0.03	0.06
4	0.03	0.03	0.03	0.03	0.03	0.03	0.06
5	0.03	0.03	0.03	0.04	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	0.04	0.03	0.03	0.05
8	0.03	0.03	0.03	0.03	0.03	0.03	0.04
9	0.03	0.03	OFF	OFF	OFF	OFF	0.03
10	OFF	OFF	OFF	OFF	OFF	OFF	
11	OFF	OFF	OFF	OFF	OFF	OFF	
12	OFF	OFF	OFF	OFF	0.04	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	0.08
15	0.03	0.03	0.03	0.03	0.03	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	0.04
18	0.03	0.03	0.03	0.03	0.03	0.03	0.06
19	0.03	0.03	0.03	0.03	0.03	0.03	0.04
20	0.03	0.03	0.03	0.03	0.03	0.03	0.04
21	0.03	0.03	0.03	0.03	0.03	0.03	0.05
22	0.03	0.03	0.03	0.03	0.03	0.04	0.05
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	0.04
25	0.03	0.03	0.03	0.03	0.03	0.03	0.06
26	0.03	0.03	0.03	0.03	0.03	0.03	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	0.03	0.03	0.05
29	0.03	0.03	0.03	0.03	0.03	0.03	0.04
30	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 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: 10/03/2024	
RC Start up				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: Sep / 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]	7.2	Use Tables	Yes / No	[GPM]	
01	1100	1.25	36	45	19	7.2	16	Yes	1,597	
02	1900	1.25	36	45	19	7.2	16	Yes	1,667	
03	0400	1.24	36	45	19	7.2	16	Yes	1,597	
04	1400	1.11	36	40	19	7.2	15	Yes	1,597	
05	0800	1.23	36	44	19	7.2	16	Yes	1,597	
06	0200	1.24	36	45	19	7.3	16	Yes	1,597	
07	0700	1.16	36	42	20	7.3	12	Yes	1,597	
08	1600	1.12	36	40	19	7.3	15	Yes	1,597	
09	OFF		36							
10	OFF		36							
11	OFF		36							
12	2300	1.31	36	47	19	7.2	16	Yes	1,597	
13	1600	1.20	36	43	19	7.2	15	Yes	1,597	
14	0000	1.28	36	46	19	7.2	16	Yes	1,528	
15	0900	1.27	36	46	19	7.2	16	Yes	1,597	
16	1100	1.17	36	42	18	7.3	15	Yes	1,597	
17	0100	1.25	36	45	18	7.2	16	Yes	1,597	
18	0100	1.21	36	44	18	7.2	16	Yes	1,597	
19	1900	1.17	36	42	18	7.2	15	Yes	1,528	
20	0100	1.24	36	45	18	7.2	16	Yes	1,528	
21	1900	1.14	36	41	18	7.2	15	Yes	1,528	
22	0000	1.21	36	44	18	7.2	16	Yes	1,528	
23	OFF	1.17	36	42	18	7.2	15	Yes	1,528	
24	OFF	1.24	36	45	18	7.3	16	Yes	1,528	
25	OFF	1.17	36	42	19	7.2	15	Yes	1,458	
26	OFF	1.26	36	45	18	7.2	16	Yes	1,458	
27	OFF	1.23	36	44	17	7.3	16	Yes	1,528	
28	OFF	1.27	36	46	17	7.3	16	Yes	1,458	
29	OFF	1.14	36	41	17	7.4	15	Yes	1,458	
30	OFF	1.23	36	44	16	7.3	16	Yes	1,528	

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