


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: Oct / 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	0.02	0.03	0.09
2	0.03	0.03	0.03	0.02	0.03	0.03	0.04
3	0.03	0.03	0.03	0.03	0.03	0.03	0.04
4	0.03	0.03	0.03	0.03	0.03	0.03	0.13
5	0.03	0.03	0.03	0.03	0.02	0.03	0.06
6	0.03	0.03	0.03	0.03	0.03	0.03	0.08
7	0.03	0.03	0.03	0.02	0.02	0.03	0.03
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	0.04
11	0.03	0.03	0.03	0.03	0.02	0.03	0.03
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03
13	0.03	0.03	0.03	0.02	0.02	0.03	0.06
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	0.04
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	0.03	0.03	0.03	0.03	0.03
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	0.09
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	0.04
26	0.03	0.03	0.03	0.03	0.03	0.03	0.06
27	0.03	0.03	0.03	0.04	0.05	0.04	0.07
28	0.04	0.03	0.00	0.04	0.05	0.03	0.09
29	0.03	0.03	0.03	0.03	0.04	0.03	0.06
30	0.03	0.03	0.03	0.03	0.04	0.03	0.05
31	0.04	0.04	0.04	0.03	0.04	0.04	0.05

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings \leq 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residuals at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All the 4-hour turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	(see back)	
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: 11/06/2024
	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: Oct / 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	1700	1.34	36	48	16	7.3	16	Yes	1,528	
02	1100	1.25	36	45	16	7.3	16	Yes	1,528	
03	1900	1.16	36	42	16	7.3	15	Yes	1,458	
04	0000	1.20	36	43	16	7.2	15	Yes	1,528	
05	0900	1.24	36	45	15	7.2	16	Yes	1,528	
06	0200	1.30	36	47	15	7.2	16	Yes	1,458	
07	1800	1.25	36	45	15	7.2	16	Yes	1,458	
08	0300	1.22	36	44	15	7.2	16	Yes	1,528	
09	1800	1.22	36	44	15	7.2	16	Yes	1,528	
10	0000	1.30	36	47	15	7.2	16	Yes	1,528	
11	1800	1.21	36	44	15	7.2	16	Yes	1,528	
12	0100	1.29	36	46	15	7.2	16	Yes	1,528	
13	0800	1.27	36	46	15	7.2	16	Yes	1,528	
14	0000	1.30	36	47	15	7.2	16	Yes	1,528	
15	1800	1.19	36	43	15	7.2	15	Yes	1,528	
16	0600	1.20	36	43	15	7.2	15	Yes	1,597	
17	1100	1.15	36	41	15	7.2	15	Yes	1,597	
18	2300	1.34	36	48	14	7.2	23	Yes	1,597	
19	0800	1.27	36	46	14	7.2	23	Yes	1,528	
20	0600	1.19	36	43	14	7.3	23	Yes	1,597	
21	1800	1.22	36	44	14	7.2	23	Yes	1,667	
22	0000	1.36	36	49	14	7.2	23	Yes	1,528	
23	0000	1.25	36	45	13	7.3	23	Yes	1,528	
24	0000	1.21	36	44	13	7.3	23	Yes	1,528	
25	0900	1.25	36	45	12	7.3	23	Yes	1,528	
26	0200	1.15	36	41	12	7.2	23	Yes	1,667	
27	0800	1.18	36	42	13	7.2	23	Yes	1,597	
28	0100	1.27	36	46	13	7.2	23	Yes	1,597	
29	0200	1.33	36	48	12	7.3	23	Yes	1,597	
30	1000	1.34	36	48	12	7.3	23	Yes	1,597	
31	0800	1.20	36	43	12	7.3	23	Yes	1,528	

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