


**OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton**

**Conventional or Direct Filtration**

<b>System Name: Corvallis, City of</b>		<b>ID#: 41 00225</b>		<b>WTP-: WTP - B</b>		<b>Month/Year: Nov / 2024</b>	
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	0.04	0.04	0.04	0.05	0.04	0.07
2	0.04	0.04	0.03	0.03	0.04	0.04	0.07
3	0.04	0.03	0.03	0.03	0.04	0.04	0.07
4	0.04	0.03	0.03	0.03	0.04	0.04	0.05
5	0.03	0.03	0.03	0.05	0.03	0.03	0.14
6	0.03	0.03	0.03	0.03	0.04	0.03	0.06
7	0.03	0.03	0.03	0.03	0.03	0.03	0.05
8	0.03	0.03	0.03	0.03	0.03	0.03	0.05
9	0.03	0.03	0.03	0.03	0.03	0.03	0.05
10	0.03	0.03	0.03	0.03	0.04	0.03	0.05
11	0.03	0.03	0.03	0.03	0.05	0.04	0.06
12	0.04	0.04	0.03	0.03	0.04	0.04	0.05
13	0.04	0.03	0.03	0.03	0.05	0.04	0.06
14	0.04	0.03	0.03	0.03	0.05	0.04	0.06
15	0.03	0.03	0.03	0.03	0.05	0.04	0.06
16	0.03	0.03	0.03	0.03	0.05	0.04	0.06
17	0.03	0.03	0.03	0.03	0.05	0.04	0.06
18	0.04	0.03	0.03	0.03	0.04	0.03	0.06
19	0.03	0.03	0.03	0.03	0.04	0.04	0.06
20	0.03	0.03	0.03	0.03	0.05	0.04	0.07
21	0.04	0.03	0.03	0.03	0.04	0.04	0.06
22	0.03	0.03	0.04	0.03	0.05	0.04	0.07
23	0.03	0.03	0.03	0.06	0.03	0.03	0.07
24	0.03	0.03	0.03	0.03	0.04	0.03	0.07
25	0.03	0.03	0.03	0.03	0.04	0.03	0.06
26	0.03	0.03	0.03	0.03	0.04	0.03	0.06
27	0.03	0.03	0.03	0.03	0.04	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	0.06
30	0.03	0.03	0.03	0.03	0.03	0.03	0.05
<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: Chad Marshall</b>			
				<b>SIGNATURE: </b>		<b>Date: 12/09/2024</b>	
				<b>PHONE #: (541) 754-1758</b>		<b>Cert #: T-08843</b>	

<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: Nov / 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]	7.4	Use Tables	Yes / No	[GPM]	
01	0700	1.27	36	46	11	7.4	23	Yes	1,389	
02	1000	1.19	36	43	12	7.3	23	Yes	1,597	
03	0100	1.29	36	46	12	7.3	23	Yes	1,597	
04	1200	1.17	36	42	12	7.3	23	Yes	1,597	
05	0800	1.28	36	46	11	7.3	23	Yes	1,597	
06	1200	1.28	36	46	11	7.3	23	Yes	1,528	
07	0800	1.29	36	46	11	7.3	23	Yes	1,528	
08	0000	1.31	36	47	10	7.3	23	Yes	1,528	
09	0800	1.29	36	46	10	7.3	23	Yes	1,528	
10	0700	1.22	36	44	11	7.4	23	Yes	1,597	
11	0100	1.24	36	45	11	7.1	23	Yes	1,667	
12	0300	1.18	36	42	11	7.3	23	Yes	1,667	
13	0900	1.23	36	44	11	7.3	23	Yes	1,667	
14	0400	1.27	36	46	11	7.4	23	Yes	1,667	
15	1200	1.20	36	43	11	7.3	23	Yes	1,667	
16	1000	1.29	36	46	10	7.4	23	Yes	1,736	
17	0300	1.27	36	46	10	7.2	23	Yes	1,736	
18	2300	1.31	36	47	10	7.2	23	Yes	1,736	
19	0100	1.23	36	44	9	7.3	31	Yes	1,736	
20	0800	1.15	36	41	9	7.3	31	Yes	1,667	
21	0600	1.29	36	46	9	7.5	31	Yes	1,736	
22	0200	1.33	36	48	9	7.4	31	Yes	1,736	
23	0600	1.34	36	48	10	7.4	23	Yes	1,736	
24	0100	1.28	36	46	10	7.2	23	Yes	1,736	
25	0800	1.26	36	45	10	7.2	23	Yes	1,736	
26	0200	1.36	36	49	10	7.1	23	Yes	1,736	
27	0400	1.21	36	44	9	7.2	31	Yes	1,736	
28	0100	1.24	36	45	9	7.2	31	Yes	1,736	
29	0200	1.22	36	44	9	7.2	31	Yes	1,736	
30	0300	1.29	36	46	8	7.2	31	Yes	1,736	

\* 3 If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.