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: **Jan / 2025**

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	0.03	0.03	0.05
2	0.03	0.03	0.03	0.03	0.03	0.03	0.05
3	0.03	0.03	0.03	0.03	0.04	0.03	0.05
4	0.03	0.03	0.03	0.03	0.03	0.03	0.05
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	0.04
7	0.03	0.03	0.03	0.02	0.03	0.03	0.04
8	0.03	0.02	0.02	0.02	0.03	0.03	0.05
9	0.03	0.03	0.03	0.02	0.03	0.03	0.05
10	0.03	0.03	0.03	0.02	0.04	0.03	0.04
11	0.03	0.03	0.03	0.02	0.03	0.03	0.06
12	0.03	0.03	0.03	0.02	0.03	0.03	0.05
13	0.03	0.03	0.03	0.02	0.03	0.03	0.04
14	0.03	0.03	0.03	0.02	0.03	0.03	0.04
15	0.03	0.03	0.03	0.03	0.04	0.03	0.05
16	0.03	0.03	0.03	0.02	0.03	0.03	0.05
17	0.03	0.03	0.03	0.02	0.03	0.03	0.08
18	0.03	0.03	0.03	0.02	0.03	0.03	0.07
19	0.03	0.03	0.03	0.02	0.03	0.03	0.04
20	0.03	0.03	0.03	0.02	0.03	0.03	0.04
21	0.03	0.03	0.02	0.02	0.03	0.03	0.04
22	0.03	0.03	0.02	0.02	0.04	0.03	0.05
23	0.03	0.03	0.03	0.02	0.03	0.03	0.05
24	0.03	0.03	0.03	0.02	0.03	0.03	0.05
25	0.03	0.03	0.03	0.02	0.03	0.03	0.05
26	0.03	0.03	0.03	0.02	0.03	0.03	0.07
27	0.03	0.03	0.02	0.02	0.03	0.03	0.04
28	0.03	0.02	0.02	0.02	0.03	0.03	0.05
29	0.03	0.03	0.02	0.02	0.03	0.03	0.05
30	0.02	0.02	0.02	0.02	0.03	0.03	0.04
31	0.02	0.02	0.02	0.02	0.03	0.03	0.04

Conventional or Direct Filtration

95% of the 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No

All the 4-hour turbidity readings ≤ 1 NTU? (Yes) / No

All turbidity readings < IFE[2] triggers? (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl2 residuals at entry point >= 0.2 mg/l? (Yes) / No

Notes:

PRINTED NAME: Chad Marshall

SIGNATURE: [signature]

Date: 02/04/2025

PHONE #: (541) 754-1758

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: Jan / 2025** 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]		Use Tables	Yes / No	[GPM]
01	0200	1.36	36	49	8	7.5	38	Yes	1,736
02	0200	1.38	36	50	8	7.5	38	Yes	1,736
03	0900	1.40	36	50	8	7.5	38	Yes	1,736
04	0100	1.36	36	49	9	7.4	31	Yes	1,736
05	0800	1.35	36	49	9	7.4	31	Yes	1,736
06	0800	1.31	36	47	9	7.4	31	Yes	1,736
07	0100	1.43	36	51	9	7.5	39	Yes	1,736
08	0800	1.40	36	50	8	7.5	31	Yes	1,736
09	0200	1.44	36	52	8	7.6	39	Yes	1,736
10	0900	1.42	36	51	8	7.6	39	Yes	1,736
11	0200	1.45	36	52	8	7.7	39	Yes	1,736
12	0200	1.44	36	52	8	7.7	39	Yes	1,736
13	0200	1.43	36	51	8	7.7	39	Yes	1,736
14	1000	1.40	36	50	8	7.7	38	Yes	1,736
15	0300	1.45	36	52	7	7.8	39	Yes	1,736
16	0100	1.45	36	52	7	7.8	39	Yes	1,736
17	0200	1.45	36	52	7	7.7	39	Yes	1,736
18	0900	1.43	36	51	7	7.8	39	Yes	1,736
19	0100	1.45	36	52	7	7.7	39	Yes	1,736
20	0000	1.44	36	52	6	7.7	39	Yes	1,736
21	0000	1.44	36	52	6	7.7	39	Yes	1,736
22	0200	1.44	36	52	6	7.8	39	Yes	1,736
23	0200	1.73	36	62	5	7.8	40	Yes	1,736
24	0200	1.65	36	59	5	7.8	40	Yes	1,597
25	0900	1.63	36	59	5	7.5	40	Yes	1,597
26	0100	1.61	36	58	5	7.4	33	Yes	1,597
27	0100	1.62	36	58	5	7.4	33	Yes	1,597
28	0000	1.61	36	58	5	7.4	33	Yes	1,597
29	0000	1.62	36	58	5	7.6	40	Yes	1,597
30	0100	1.63	36	59	5	7.4	33	Yes	1,597
31	0900	1.61	36	58	5	7.4	33	Yes	1,597

" [3] If Cl2 at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.
Download form at: www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf"