

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: Feb / 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	0.04	0.03	0.03	0.04
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	0.05
4	0.03	0.03	0.03	0.02	0.03	0.03	0.04
5	0.03	0.02	0.03	0.04	0.03	0.03	0.05
6	0.03	0.03	0.03	0.02	0.03	0.03	0.04
7	0.03	0.03	0.03	0.03	0.03	0.03	0.07
8	0.03	0.03	0.03	0.04	0.03	0.03	0.05
9	0.03	0.03	0.03	0.02	0.04	0.03	0.05
10	0.03	0.03	0.03	0.02	0.03	0.03	0.04
11	0.03	0.03	0.03	0.02	0.03	0.03	0.04
12	0.03	0.03	0.03	0.03	0.03	0.03	0.05
13	0.03	0.03	0.03	0.05	0.03	0.03	0.06
14	0.03	0.02	0.02	0.03	0.03	0.03	0.04
15	0.03	0.03	0.03	0.02	0.03	0.03	0.04
16	0.03	0.03	0.03	0.03	0.04	0.04	0.05
17	0.03	0.03	0.03	0.03	0.04	0.03	0.05
18	0.03	0.03	0.03	0.03	0.03	0.03	0.04
19	0.03	0.03	0.03	0.03	0.05	0.04	0.05
20	0.03	0.03	0.03	0.03	0.04	0.03	0.05
21	0.03	0.03	0.03	0.03	0.04	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	0.06	0.05	0.06
24	0.04	0.04	0.03	0.04	0.04	0.04	0.08
25	0.03	0.03	0.03	0.04	0.04	0.03	0.06
26	0.03	0.03	0.03	0.04	0.03	0.03	0.04
27	0.03	0.03	0.03	0.02	0.03	0.03	0.09
28	0.03	0.03	0.03	0.02	0.03	0.03	0.05
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)			
95% of the 4-hour turbidity readings $\leq$ 0.3 NTU? ☒ Yes ☐ No				CT's met everyday? (see back) ☒ Yes ☐ No		All Cl2 residuals at entry point $\geq$ 0.2 mg/l? ☒ Yes ☐ No	
All the 4-hour turbidity readings $\leq$ 1 NTU? ☒ Yes ☐ No							
All turbidity readings < IFE ² triggers? ☒ Yes ☐ No							
Notes:				PRINTED NAME: Chad Marshall			
				SIGNATURE: 		Date: 03/03/2025	
				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: Feb / 2025

Required
Log Inactivation: 0.5

Date	Time	Minimum Cl ₂ 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	2200	1.63	36	59	5	7.2	33	Yes	1,597
02	2300	1.63	36	59	5	7.3	33	Yes	1,597
03	0100	1.52	36	55	5	7.4	32	Yes	1,597
04	0100	1.50	36	54	5	7.3	32	Yes	1,597
05	0100	1.53	36	55	5	7.4	32	Yes	1,597
06	0100	1.48	36	53	5	7.4	32	Yes	1,597
07	0700	1.45	36	52	5	7.4	32	Yes	1,597
08	0000	1.47	36	53	5	7.4	32	Yes	1,597
09	0200	1.49	36	54	5	7.4	32	Yes	1,597
10	0900	1.43	36	51	5	7.4	32	Yes	1,597
11	0000	1.50	36	54	5	7.3	32	Yes	1,597
12	2300	1.53	36	55	5	7.3	32	Yes	1,597
13	0700	1.52	36	55	4	7.3	46	Yes	1,597
14	0000	1.60	36	58	4	7.3	46	Yes	1,597
15	0000	1.58	36	57	4	7.3	46	Yes	1,597
16	0400	1.51	36	54	4	7.2	46	Yes	1,597
17	0900	1.53	36	55	5	7.2	32	Yes	1,597
18	0100	1.55	36	56	6	7.2	32	Yes	1,597
19	0300	1.44	36	52	6	7.4	32	Yes	1,597
20	0200	1.42	36	51	7	7.4	32	Yes	1,597
21	0300	1.33	36	48	7	7.5	31	Yes	1,597
22	0200	1.25	36	45	7	7.7	38	Yes	1,597
23	0400	1.29	36	46	8	7.5	31	Yes	1,597
24	0100	1.30	36	47	8	7.5	31	Yes	1,597
25	0300	1.32	36	48	8	7.5	31	Yes	1,597
26	2200	1.32	36	48	8	7.5	31	Yes	1,597
27	0700	1.26	36	45	8	7.5	31	Yes	1,667
28	0000	1.32	36	48	8	7.4	31	Yes	1,736

"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