


OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton
Conventional or Direct Filtration

System Name: Corvallis, City of ID#: OR4100225 WTP-:WTP-A Month/Year: Feb / 2021

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	Off	Off	0.03	0.03	0.03	Off	0.03
2	Off	Off	0.03	0.03	0.03	Off	0.03
3	Off	Off	0.04	0.03	0.03	Off	0.04
4	Off	Off	0.03	0.03	0.03	Off	0.04
5	Off	Off	0.03	0.03	0.03	Off	0.04
6	Off	Off	0.03	0.03	0.03	Off	0.04
7	Off	Off	0.03	0.03	Off	Off	0.04
8	Off	Off	0.03	0.03	0.03	Off	0.04
9	Off	Off	0.03	0.03	0.03	Off	0.04
10	Off	Off	0.03	0.03	0.03	Off	0.04
11	Off	Off	0.03	0.03	0.03	Off	0.04
12	Off	Off	0.03	0.03	0.03	Off	0.04
13	Off	Off	0.03	0.03	0.03	Off	0.04
14	Off	Off	0.03	0.03	0.03	Off	0.04
15	Off	Off	Off	Off	Off	Off	Off
16	Off	Off	0.04	0.03	0.03	Off	0.04
17	Off	Off	0.03	0.03	0.03	Off	0.03
18	Off	Off	Off	0.03	0.03	Off	0.03
19	Off	Off	0.03	0.03	0.03	Off	0.03
20	Off	Off	0.03	0.03	0.03	Off	0.03
21	Off	Off	0.03	0.03	0.03	Off	0.03
22	Off	Off	0.03	0.03	0.03	Off	0.03
23	Off	Off	Off	Off	Off	Off	0.03
24	Off	Off	0.02	0.02	0.02	Off	0.03
25	Off	Off	0.02	0.02	0.02	Off	0.03
26	Off	Off	0.02	Off	0.02	Off	0.04
27	Off	Off	0.02	0.02	Off	Off	0.03
28	Off	Off	Off	0.03	0.03	Off	0.03

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	All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No		Notes:	
		PRINTED NAME: Tom Hubbard	
		SIGNATURE: 	DATE: 3/5/2021
		PHONE #: (541) 754-1758	CERT #: T-08804

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 - A** **Month/Year: Feb / 2021** Required Log Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	ppm or mg/L	minutes	C X T	° C		Use tables	Yes / No	[GPM]
01 / 1208	1.27	80.0	102	8	7.2	31	Yes	7000
02 / 0952	1.23	83.0	102	8	7.2	31	Yes	6900
03 / 1536	1.22	80.0	98	8	7.2	31	Yes	7200
04 / 1253	1.27	72.0	91	8	7.2	31	Yes	8000
05 / 1104	1.29	69.0	89	7	7.2	31	Yes	8100
06 / 1424	1.21	80.0	97	8	7.2	31	Yes	7200
07 / 1108	1.31	68.0	89	8	7.2	31	Yes	8500
08 / 1124	1.25	80.0	100	8	7.2	31	Yes	7200
09 / 0722	1.13	83.0	94	8	7.2	31	Yes	6900
10 / 1428	1.28	72.0	92	7	7.2	31	Yes	7800
11 / 1251	1.21	72.0	87	7	7.2	31	Yes	7900
12 / 1016	1.27	63.0	80	7	7.2	31	Yes	9400
13 / 0734	1.21	64.0	77	6	7.3	31	Yes	8800
14 / 1051	1.28	76.0	97	7	7.2	31	Yes	7500
15 / Off ¹							Off ¹	
16 / 1120	1.25	64.0	80	8	6.9	26	Yes	8800
17 / 0936	1.23	64.0	79	8	6.9	25	Yes	8800
18 / 1522	1.24	63.0	78	8	7.0	25	Yes	9200
19 / 1315	1.32	69.0	91	8	7.0	26	Yes	8300
20 / 1146	1.29	64.0	83	8	7.0	26	Yes	8900
21 / 1441	1.24	69.0	86	8	7.0	25	Yes	8100
22 / 0855	1.25	63.0	79	8	6.9	26	Yes	9200
23 / 1708	1.21	68.0	82	8	6.9	25	Yes	8500
24 / 0732	1.16	63.0	73	8	6.9	25	Yes	9400
25 / 0729	1.17	92.0	108	8	7.0	25	Yes	6300
26 / 1237	1.09	69.0	75	8	6.9	25	Yes	8200
27 / 0702	1.21	72.0	87	8	6.9	25	Yes	8000
28 / 1516	1.23	80.0	98	8	7.0	25	Yes	7100

¹Plant Offline

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