


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: Mar / 2022

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	0.04
2	Off	Off	0.03	0.03	0.03	Off	0.04
3	Off	Off	0.03	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	0.03
6	Off	Off	0.03	0.03	0.03	Off	0.03
7	Off	Off	0.03	0.03	0.03	Off	0.04
8	Off	Off	0.03	0.03	0.03	Off	0.03
9	Off	Off	0.03	0.03	0.03	Off	0.03
10	Off	Off	0.03	0.03	0.03	Off	0.03
11	Off	Off	0.03	0.03	0.03	Off	0.03
12	Off	Off	0.03	0.03	0.03	Off	0.03
13	Off	Off	0.03	0.03	0.03	Off	0.03
14	Off	Off	0.03	0.03	0.03	Off	0.03
15	Off	Off	0.03	Off	0.03	Off	0.03
16	Off	Off	0.03	0.03	0.03	Off	0.03
17	Off	Off	0.03	0.03	0.03	Off	0.03
18	Off	Off	0.03	0.03	Off	Off	0.03
19	Off	Off	Off	0.03	0.03	Off	0.03
20	Off	Off	Off	0.03	0.03	Off	0.03
21	Off	Off	0.03	0.03	Off	Off	0.03
22	Off	Off	0.03	0.03	0.03	Off	0.03
23	Off	Off	0.03	0.03	0.03	Off	0.03
24	Off	Off	0.03	0.03	Off	Off	0.03
25	Off	Off	Off	0.03	0.03	Off	0.03
26	Off	Off	0.03	0.03	0.03	Off	0.03
27	Off	Off	0.03	0.03	0.03	Off	0.03
28	Off	Off	Off	0.03	0.03	Off	0.03
29	Off	Off	Off	0.03	0.03	Off	0.03
30	Off	Off	0.03	0.03	0.03	Off	0.03
31	Off	Off	0.03	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 / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl ₂ residuals at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No	
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / No			
All turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / No ²			
Notes:	PRINTED NAME: Chad Marshall		
	SIGNATURE: 		DATE: 4-4-2022
	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 - A **Month/Year: Mar / 2022** Required Log Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ^a	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^a	Peak Hourly Demand Flow
	ppm or mg/L	minutes	C X T	° C		Use tables	Yes / No	[GPM]
01 / 0805	1.20	72.0	86	8	7.0	25	Yes	7800
02 / 1242	1.26	83.0	105	9	7.0	26	Yes	6900
03 / 0935	1.22	83.0	101	9	6.9	25	Yes	6900
04 / 1346	1.26	72.0	91	8	7.0	26	Yes	7700
05 / 1045	1.29	80.0	103	8	6.9	26	Yes	7000
06 / 1450	1.25	88.0	110	8	6.9	26	Yes	6500
07 / 1009	1.24	72.0	89	8	6.9	25	Yes	7800
08 / 0921	1.21	80.0	97	8	6.9	25	Yes	7000
09 / 1303	1.24	92.0	114	8	7.0	25	Yes	6100
10 / 1507	1.28	88.0	113	7	7.0	26	Yes	6500
11 / 1437	1.32	55.0	73	7	7.0	26	Yes	10300
12 / 1210	1.30	55.0	72	7	7.1	31	Yes	10300
13 / 0853	1.25	59.0	74	8	7.0	26	Yes	9600
14 / 1814	1.21	76.0	92	8	7.0	25	Yes	7600
15 / 0537	1.14	80.0	91	8	7.0	25	Yes	7200
16 / 0548	1.15	88.0	101	9	7.0	25	Yes	6400
17 / 1157	1.32	98.0	129	9	6.9	26	Yes	5800
18 / 0933	1.31	64.0	84	9	6.9	26	Yes	9000
19 / 0918	1.23	88.0	108	9	7.0	25	Yes	6500
20 / 1504	1.24	72.0	89	9	6.9	25	Yes	7900
21 / 1225	1.19	72.0	86	9	6.9	25	Yes	8000
22 / 1112	1.28	64.0	82	8	7.0	26	Yes	8800
23 / 0917	1.25	72.0	90	9	6.9	26	Yes	8000
24 / 0736	1.25	80.0	100	11	7.0	19	Yes	7100
25 / 1443	1.23	88.0	108	10	6.9	19	Yes	6400
26 / 1155	1.17	104.0	122	11	6.9	19	Yes	5300
27 / 0933	1.16	104.0	121	11	6.9	19	Yes	5700
28 / 0949	1.24	88.0	109	11	6.9	19	Yes	6500
29 / 845	1.17	88.0	103	11	6.9	19	Yes	6500
30 / 1300	1.15	88.0	101	11	6.9	19	Yes	6300
31 / 1458	1.20	83.0	100	10	6.9	19	Yes	6900

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