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

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: 04/04/2025
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 - A** **Month/Year: Mar / 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 / 0821	1.31	64.0	84	8	6.9	26	Yes	8,958
02 / 0703	1.18	80.0	94	8	7.0	25	Yes	7,083
03 / 1506	1.23	76.0	93	9	6.9	26	Yes	7,431
04 / 1430	1.21	80.0	97	9	6.9	26	Yes	7,222
05 / 1055	1.25	80.0	100	9	6.8	26	Yes	7,014
06 / 1343	1.24	80.0	99	8	6.9	26	Yes	7,153
07 / 1257	1.25	49.0	61	8	6.8	26	Yes	11,667
08 / 0724	1.25	64.0	80	8	6.8	26	Yes	8,889
09 / 0928	1.21	72.0	87	9	6.8	26	Yes	7,847
10 / 1409	1.28	69.0	88	9	6.8	26	Yes	8,125
11 / 0721	1.82	69.0	126	9	6.9	28	Yes	8,194
12 / 1159	1.28	69.0	88	9	6.8	26	Yes	8,056
13 / 0943	1.33	69.0	92	9	6.8	26	Yes	8,056
14 / 1524	1.22	68.0	83	7	6.9	26	Yes	8,681
15 / 1359	1.30	68.0	88	7	6.9	26	Yes	8,611
16 / 1208	1.15	72.0	83	7	6.9	25	Yes	7,708
17 / 1032	1.34	83.0	111	7	6.9	26	Yes	6,736
18 / 0855	1.30	80.0	104	8	6.9	26	Yes	7,083
19 / 1444	1.27	72.0	91	8	6.8	26	Yes	7,847
20 / 1412	1.30	69.0	90	8	6.9	26	Yes	7,986
21 / 0918	1.25	72.0	90	8	6.8	26	Yes	7,847
22 / 0746	1.30	80.0	104	8	6.9	26	Yes	7,083
23 / 1524	1.28	80.0	102	9	6.8	26	Yes	7,083
24 / 1407	1.37	88.0	121	9	6.8	26	Yes	6,458
25 / 1249	1.31	88.0	115	10	6.8	19	Yes	6,319
26 / 1509	1.31	52.0	68	10	6.8	19	Yes	10,902
27 / 1511	1.25	88.0	110	10	6.8	19	Yes	6,597
28 / 1142	1.27	98.0	124	10	6.7	19	Yes	5,764
29 / 1015	1.24	88.0	109	9	6.8	26	Yes	6,319
30 / 1106	1.23	92.0	113	9	6.7	26	Yes	6,042
31 / 0939	1.24	80.0	99	9	6.8	26	Yes	7,014

" [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"