

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: May / 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	0.03	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	0.03
4	Off	Off	0.03	0.03	0.03	Off	0.04
5	Off	Off	0.03	0.05	0.03	Off	0.05
6	Off	Off	0.03	0.03	0.03	Off	0.04
7	Off	Off	0.03	0.03	0.03	Off	0.03
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	0.03
12	Off	Off	0.03	0.03	Off	Off	0.04
13	Off	Off	0.03	0.03	0.03	Off	0.05
14	Off	Off	0.03	0.03	0.03	Off	0.05
15	Off	Off	0.03	0.03	0.03	Off	0.04
16	Off	Off	0.03	0.03	0.03	Off	0.04
17	Off	Off	0.03	0.03	0.03	Off	0.04
18	Off	Off	0.03	0.03	0.03	0.03	0.04
19	Off	Off	Off	Off	0.03	0.03	0.04
20	Off	Off	0.03	Off	0.03	Off	0.04
21	Off	Off	0.03	0.03	0.03	Off	0.04
22	Off	Off	0.03	0.03	Off	Off	0.04
23	Off	Off	0.02	0.03	0.03	Off	0.04
24	Off	Off	0.03	0.03	0.03	Off	0.03
25	Off	Off	0.03	0.03	0.03	Off	0.04
26	Off	Off	0.03	0.03	Off	Off	0.04
27	Off	Off	0.03	0.03	0.03	Off	0.03
28	Off	Off	0.03	0.03	0.03	Off	0.03
29	Off	Off	0.03	0.03	0.03	Off	0.04
30	Off	Off	0.03	0.03	0.03	Off	0.04
31	Off	Off	0.03	0.03	0.03	Off	0.04

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of the 4-hour turbidity readings $\leq$ 0.3 NTU? ☒ Yes ☐ No
 All the 4-hour turbidity readings $\leq$ 1 NTU? ☒ Yes ☐ No
 All turbidity readings < IFE² triggers? ☒ Yes ☐ No

CT's met everyday? (see back) ☒ Yes ☐ No
 All Cl2 residuals at entry point $\geq$ 0.2 mg/l? ☒ Yes ☐ No

Notes:

PRINTED NAME: Chad Marshall

SIGNATURE: 

Date: 06/09/2025

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: May / 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 / 1046	1.23	55.0	68	13	6.7	19	Yes	10,208
02 / 1544	1.27	54.0	69	14	6.8	19	Yes	10,625
03 / 0906	1.28	52.0	67	14	6.7	19	Yes	10,972
04 / 0730	1.12	54.0	60	14	6.8	19	Yes	10,556
05 / 1107	1.24	54.0	67	13	6.7	19	Yes	10,486
06 / 1338	1.24	44.0	55	13	6.8	19	Yes	13,125
07 / 0956	1.22	58.0	71	14	6.7	19	Yes	10,000
08 / 1051	1.25	48.0	60	14	6.7	19	Yes	12,083
09 / 1449	1.25	46.0	58	14	6.8	19	Yes	12,292
10 / 1156	1.15	46.0	53	14	6.8	19	Yes	12,431
11 / 1020	1.18	45.0	53	14	6.7	19	Yes	12,847
12 / 1447	1.25	58.0	73	13	6.8	19	Yes	10,069
13 / 1309	1.30	49.0	64	12	6.7	19	Yes	11,666
14 / 0930	1.23	52.0	64	13	6.7	19	Yes	11,042
15 / 1517	1.20	46.0	55	12	6.8	19	Yes	12,499
16 / 1229	1.23	46.0	57	12	6.8	19	Yes	12,430
17 / 0945	1.29	46.0	59	13	6.7	19	Yes	12,291
18 / 0823	1.23	63.0	77	14	6.8	19	Yes	9,374
19 / 1928	1.26	51.0	64	13	6.8	19	Yes	11,319
20 / 1317	1.28	48.0	61	13	6.8	19	Yes	12,152
21 / 1326	1.30	51.0	66	13	6.8	19	Yes	11,458
22 / 1013	1.32	48.0	63	13	6.7	19	Yes	12,152
23 / 0933	1.24	46.0	57	13	6.6	19	Yes	12,292
24 / 1242	1.24	46.0	57	14	6.7	19	Yes	13,071
25 / 0937	1.27	45.0	57	15	6.6	13	Yes	12,777
26 / 1230	1.22	46.0	56	14	6.7	19	Yes	12,291
27 / 0943	1.27	46.0	58	14	6.6	19	Yes	12,431
28 / 1408	1.27	42.0	53	16	6.7	13	Yes	13,611
29 / 1317	1.26	43.0	54	16	6.7	13	Yes	13,472
30 / 0920	1.32	46.0	61	16	6.6	13	Yes	12,222
31 / 1201	1.25	44.0	55	16	6.6	13	Yes	13,194

"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"