

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: Jul / 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	0.05
2	Off	Off	0.03	0.03	0.03	Off	0.04
3	Off	Off	0.02	0.04	0.03	Off	0.04
4	Off	Off	0.03	0.03	0.03	Off	0.05
5	Off	Off	0.03	0.03	0.03	Off	0.05
6	Off	Off	0.03	0.03	0.03	0.04	0.06
7	Off	Off	0.04	0.03	0.03	Off	0.05
8	Off	Off	0.03	0.03	0.04	Off	0.04
9	Off	Off	0.03	0.03	0.03	Off	0.04
10	Off	Off	0.03	0.04	0.04	Off	0.05
11	Off	Off	0.03	0.03	0.03	Off	0.05
12	Off	Off	0.03	0.03	0.04	Off	0.05
13	Off	Off	0.03	0.03	0.04	Off	0.04
14	Off	Off	0.03	0.03	0.04	Off	0.04
15	Off	Off	0.03	0.03	0.04	Off	0.04
16	Off	Off	0.03	0.04	0.04	0.04	0.05
17	Off	Off	0.03	0.03	0.03	Off	0.05
18	Off	Off	0.03	0.03	0.03	Off	0.05
19	Off	Off	0.03	0.03	0.03	Off	0.05
20	Off	Off	0.03	0.03	0.03	Off	0.05
21	Off	Off	0.03	0.03	0.03	Off	0.05
22	Off	Off	0.03	0.03	0.04	Off	0.06
23	Off	Off	0.03	0.03	0.03	Off	0.04
24	Off	Off	0.03	0.03	0.03	Off	0.05
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	0.03	0.03	0.03	Off	0.04
28	Off	Off	0.03	0.03	0.03	Off	0.04
29	Off	Off	0.03	0.03	0.03	Off	0.04
30	Off	Off	0.03	0.03	0.03	Off	0.05
31	Off	Off	0.03	0.03	0.03	Off	0.04

Conventional or Direct Filtration

95% of the 4-hour turbidity readings ≤ 0.3 NTU?All the 4-hour turbidity readings ≤ 1 NTU?All turbidity readings < IFE² triggers?

Notes:

Yes No
 Yes No
 Yes No

CT's met everyday?
 (see back)

Yes No

Monthly Summary (Answer Yes or No)

All Cl2 residuals at entry point ≥ 0.2 mg/l?

Yes No

PRINTED NAME: Chad Marshall

SIGNATURE: 

PHONE #: (541) 754-1758

Date: 08/04/2025

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: Jul / 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 / 1342	1.28	43.0	55	21	6.8	10	Yes	13,541
02 / 0632	1.29	43.0	55	22	6.6	10	Yes	13,472
03 / 1207	1.26	44.0	55	20	6.8	10	Yes	12,917
04 / 0902	1.29	45.0	58	20	6.7	10	Yes	12,708
05 / 0814	1.32	44.0	58	20	6.7	10	Yes	12,986
06 / 1436	1.32	43.0	57	19	6.8	13	Yes	13,333
07 / 0730	1.28	45.0	58	20	6.6	10	Yes	12,847
08 / 1307	1.23	42.0	52	20	6.8	10	Yes	13,681
09 / 0630	1.25	44.0	55	22	6.6	10	Yes	12,986
10 / 1548	1.19	40.0	48	21	6.7	10	Yes	14,444
11 / 0717	1.29	42.0	54	21	6.6	10	Yes	13,481
12 / 1605	1.28	42.0	54	21	6.8	10	Yes	13,611
13 / 1502	1.28	42.0	54	22	6.8	10	Yes	13,680
14 / 1012	1.26	42.0	53	22	6.7	10	Yes	13,611
15 / 1251	1.24	42.0	52	21	6.8	10	Yes	13,889
16 / 1121	1.26	42.0	53	21	6.8	10	Yes	13,750
17 / 1503	1.22	46.0	56	21	6.8	10	Yes	12,222
18 / 1542	1.45	45.0	65	22	6.7	10	Yes	12,569
19 / 0601	1.26	44.0	55	22	6.8	10	Yes	12,917
20 / 1347	1.28	43.0	55	20	6.8	10	Yes	13,263
21 / 0626	1.35	45.0	61	21	6.6	10	Yes	12,569
22 / 1114	1.26	45.0	57	18	6.8	13	Yes	12,639
23 / 1356	1.24	43.0	53	20	6.8	10	Yes	13,403
24 / 0602	1.26	45.0	57	21	6.8	10	Yes	12,639
25 / 0621	1.24	46.0	57	21	6.7	10	Yes	12,430
26 / 1112	1.22	46.0	56	19	6.7	13	Yes	12,708
27 / 1131	1.22	43.0	52	19	6.8	13	Yes	13,402
28 / 0534	1.27	44.0	56	20	6.8	10	Yes	12,916
29 / 1305	1.27	44.0	56	19	6.8	13	Yes	12,986
30 / 0711	1.25	43.0	54	21	6.8	10	Yes	13,333
31 / 1010	1.29	46.0	59	20	6.7	10	Yes	12,292

"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"