

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: Aug / 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	0.04	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	0.04	Off	0.04
6	Off	Off	0.03	0.03	0.03	Off	0.04
7	Off	Off	0.03	0.03	0.03	Off	0.05
8	Off	Off	0.03	0.03	0.03	Off	0.04
9	Off	Off	0.03	0.03	0.04	Off	0.04
10	Off	Off	0.03	0.03	0.04	Off	0.05
11	Off	Off	0.03	0.03	0.04	Off	0.05
12	Off	Off	0.03	0.04	0.04	Off	0.05
13	Off	Off	0.03	0.03	0.03	0.04	0.06
14	Off	Off	0.03	0.03	0.03	Off	0.05
15	Off	Off	0.03	0.03	0.03	Off	0.05
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	Off	0.04
19	Off	Off	0.02	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	0.07
22	Off	Off	0.03	0.03	0.04	Off	0.04
23	Off	Off	0.03	0.03	0.04	Off	0.07
24	Off	Off	0.03	0.03	0.03	Off	0.04
25	Off	Off	0.03	0.03	0.03	Off	0.03
26	Off	Off	0.03	0.03	0.03	Off	0.04
27	Off	Off	0.03	0.03	0.03	Off	0.05
28	Off	Off	0.03	0.03	0.03	Off	0.04
29	Off	Off	0.03	0.03	0.03	Off	0.05
30	Off	Off	0.03	0.03	0.03	Off	0.04
31	Off	Off	0.03	0.03	0.03	Off	0.05

Conventional or Direct Filtration

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

Notes:

Yes No
☒ Yes ☐ No
☒ Yes ☐ No

Monthly Summary (Answer Yes or No)

CT's met everyday?

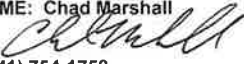
(see back)

All Cl2 residuals at entry point $\geq$ 0.2 mg/l?

Yes No

☒ Yes ☐ No

PRINTED NAME: Chad Marshall

SIGNATURE: 

PHONE #: (541) 754-1758

Date: 09/02/2025

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: Aug / 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 / 1028	1.27	46.0	58	20	6.7	10	Yes	12,222
02 / 1519	1.21	45.0	54	20	6.8	10	Yes	12,679
03 / 1414	1.21	45.0	54	19	6.8	13	Yes	12,847
04 / 0552	1.28	46.0	59	20	6.8	10	Yes	12,222
05 / 1033	1.26	49.0	62	18	6.8	13	Yes	11,597
06 / 1551	1.26	43.0	54	19	6.8	13	Yes	13,472
07 / 0826	1.29	43.0	55	19	6.7	13	Yes	13,333
08 / 0712	1.18	46.0	54	19	6.7	13	Yes	12,222
09 / 0544	1.16	42.0	49	20	6.8	10	Yes	13,750
10 / 1722	1.26	41.0	52	21	6.8	10	Yes	14,167
11 / 1244	1.24	39.0	48	20	6.8	10	Yes	14,722
12 / 1036	1.27	42.0	53	21	6.7	10	Yes	13,819
13 / 1404	1.25	44.0	55	21	6.8	10	Yes	13,125
14 / 0834	1.29	48.0	62	21	6.6	10	Yes	12,013
15 / 0554	1.22	57.0	70	21	6.7	10	Yes	11,389
16 / 1114	1.28	48.0	61	19	6.7	13	Yes	12,152
17 / 1729	1.32	43.0	57	19	6.8	13	Yes	13,472
18 / 1042	1.28	45.0	58	18	6.8	13	Yes	12,708
19 / 1010	1.28	44.0	56	18	6.8	13	Yes	13,056
20 / 1618	1.27	44.0	56	19	6.8	13	Yes	13,194
21 / 0714	1.30	45.0	59	20	6.6	10	Yes	12,846
22 / 1046	1.24	43.0	53	19	6.8	13	Yes	13,542
23 / 1019	1.29	42.0	54	19	6.7	13	Yes	13,611
24 / 1534	1.21	45.0	54	20	6.8	10	Yes	12,708
25 / 1436	1.26	43.0	54	19	6.8	13	Yes	13,541
26 / 0934	1.32	44.0	58	19	6.7	13	Yes	13,194
27 / 1343	1.22	43.0	52	19	6.8	13	Yes	13,402
28 / 0729	1.28	43.0	55	20	6.6	10	Yes	13,541
29 / 1741	1.27	44.0	56	20	6.8	10	Yes	13,194
30 / 1003	1.28	43.0	55	19	6.8	13	Yes	13,472
31 / 0805	1.24	48.0	60	19	6.7	13	Yes	12,152

" 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"