

**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: Jan / 2026

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	Off	Off	Off	Off	OFF
2	Off	Off	Off	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	0.03
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	0.04
10	Off	Off	0.03	0.03	0.03	Off	0.04
11	Off	Off	0.03	0.03	0.03	Off	0.04
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	0.03	Off	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	0.03	Off	0.03
19	Off	Off	Off	Off	Off	Off	OFF
20	Off	Off	Off	0.03	0.03	Off	0.03
21	Off	Off	0.03	0.03	0.03	Off	0.05
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	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	0.03
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	0.03
30	Off	Off	0.03	0.03	0.03	0.03	0.03
31	Off	Off	0.03	0.03	0.03	0.03	0.03

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?

Yes No
 Yes No
 Yes No

Notes:

Monthly Summary (Answer Yes or No)

CT's met everyday? Yes No
 (see back)
 All Cl2 residuals at entry point ≥ 0.2 mg/l? Yes No

PRINTED NAME: Chad Marshall
 SIGNATURE: 
 PHONE #: (541) 754-1758

Date: 02/06/2026
 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: Jan / 2026			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 /								OFF
02 / 1347	1.30	58.0	75	7	7.1	31	Yes	10,069
03 / 1345	1.26	83.0	105	8	7.1	31	Yes	6,805
04 / 1034	1.26	76.0	96	9	7.1	31	Yes	7,569
05 / 0901	1.32	69.0	91	9	7.0	26	Yes	8,194
06 / 0717	1.23	72.0	89	9	7.1	31	Yes	7,917
07 / 1245	1.24	76.0	94	8	7.1	31	Yes	7,361
08 / 1102	1.25	69.0	86	8	7.1	31	Yes	8,194
09 / 1005	1.25	69.0	86	7	7.1	31	Yes	8,264
10 / 1511	1.27	58.0	74	7	7.1	31	Yes	9,931
11 / 1510	1.26	68.0	86	7	7.1	31	Yes	8,403
12 / 1048	1.27	59.0	75	7	7.1	31	Yes	9,514
13 / 1307	1.25	69.0	86	7	7.1	31	Yes	8,333
14 / 0750	1.28	72.0	92	7	7.0	26	Yes	7,917
15 / 1202	1.31	59.0	77	7	7.1	31	Yes	9,583
16 / 0835	1.32	59.0	78	7	7.1	31	Yes	9,514
17 / 0839	1.28	58.0	74	7	7.1	31	Yes	9,861
18 / 1511	1.28	55.0	70	6	7.2	31	Yes	10,347
19 /								OFF
20 / 1448	1.30	58.0	75	6	7.1	31	Yes	9,792
21 / 0724	1.29	59.0	76	6	7.1	31	Yes	9,514
22 / 1522	1.27	69.0	88	5	7.1	31	Yes	8,125
23 / 1002	1.27	64.0	81	6	7.1	31	Yes	8,819
24 / 0824	1.28	63.0	81	6	7.0	26	Yes	9,097
25 / 0712	1.29	59.0	76	6	7.1	31	Yes	9,444
26 / 1343	1.23	72.0	89	5	7.1	31	Yes	7,917
27 / 1146	1.26	83.0	105	5	7.1	31	Yes	6,875
28 / 1108	1.29	63.0	81	6	7.0	26	Yes	9,236
29 / 1124	1.23	80.0	98	7	7.0	26	Yes	7,014
30 / 1351	1.22	54.0	66	7	7.0	26	Yes	10,486
31 / 1733	1.19	68.0	81	8	7.0	25	Yes	8,403

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