

**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: Feb / 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	0.03	0.03	0.03	0.03	0.03
2	Off	Off	0.03	0.03	0.03	0.03	0.04
3	Off	Off	0.03	0.03	0.03	0.03	0.03
4	Off	Off	0.03	0.03	0.03	0.03	0.03
5	Off	Off	0.03	0.03	0.03	0.03	0.03
6	Off	Off	0.04	0.03	0.03	0.03	0.04
7	Off	Off	0.03	0.03	0.03	0.03	0.04
8	Off	Off	0.03	0.03	0.03	0.03	0.04
9	Off	Off	0.03	0.03	0.03	0.04	0.04
10	Off	Off	0.04	0.04	Off	Off	0.05
11	Off	Off	0.04	0.04	0.04	Off	0.04
12	Off	Off	0.03	0.03	0.04	Off	0.06
13	Off	Off	0.03	0.03	0.04	Off	0.04
14	Off	Off	0.03	0.03	0.03	Off	0.04
15	Off	Off	Off	0.03	0.03	Off	0.04
16	Off	Off	Off	Off	Off	Off	OFF
17	Off	Off	Off	0.03	0.04	Off	0.04
18	Off	Off	Off	Off	0.04	Off	0.05
19	Off	Off	0.03	0.03	0.03	Off	0.04
20	Off	Off	0.03	0.03	0.03	Off	0.04
21	Off	Off	0.03	0.03	0.03	Off	0.04
22	Off	Off	0.03	0.03	0.03	Off	0.04
23	Off	Off	0.03	0.03	0.03	Off	0.04
24	Off	Off	0.03	0.04	0.00	Off	0.04
25	Off	Off	0.04	0.04	0.04	Off	0.04
26	Off	Off	0.04	0.04	0.04	Off	0.04
27	Off	Off	0.03	0.04	0.03	Off	0.04
28	Off	Off	0.04	0.03	0.04	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 < IFE<sup>2</sup> triggers?

Yes  No  
 Yes  No  
 Yes  No

**Notes:**

<sup>1</sup> 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.  
<sup>2</sup> IFE = Individual Filter Effluent (OAR 333-061-0040 (1) (e) (B&C))

**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: *Chad Marshall*  
 PHONE #: (541) 754-1758

Date: 03/03/2026  
 Cert #: T-08843

## OHA - Drinking Water Program - Surface Water Quality Data Form

Corvallis, City of

ID#: 41 00225 WTP-: WTP - A

Month/Year: Feb / 2026

Required Log Inactivation: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) [ppm or mg/L]	Contact Time [minutes]	Actual CT C X T	Temp [°C]	pH	Required CT Use Tables	CT Met? Yes / No	Peak Hourly Demand Flow [GPM]
01 / 1026	1.23	68.0	84	8	7.0	26	Yes	5,842
02 / 1909	1.26	52.0	66	9	7.0	26	Yes	10,833
03 / 0750	1.30	63.0	82	9	7.0	26	Yes	9,375
04 / 1641	1.23	64.0	79	8	7.0	26	Yes	8,819
05 / 0912	1.31	68.0	89	8	7.0	26	Yes	8,611
06 / 1658	1.20	72.0	86	8	7.0	25	Yes	7,778
07 / 1013	1.25	68.0	85	8	7.0	26	Yes	8,680
08 / 1125	1.26	76.0	96	8	7.0	26	Yes	7,638
09 / 0558	1.40	83.0	116	8	7.0	26	Yes	6,944
10 / 1119	1.30	69.0	90	9	7.0	26	Yes	8,125
11 / 1053	1.27	80.0	102	8	6.9	26	Yes	7,222
12 / 0855	1.32	69.0	91	8	6.9	26	Yes	8,056
13 / 1523	1.26	69.0	87	8	7.0	26	Yes	8,333
14 / 1352	1.28	59.0	76	8	7.0	26	Yes	9,444
15 / 1437	1.28	58.0	74	8	7.0	26	Yes	10,000
16 /								OFF
17 / 0929	1.26	59.0	74	8	6.9	26	Yes	9,514
18 / 1400	1.26	55.0	69	8	6.9	26	Yes	10,416
19 / 0800	1.31	58.0	76	7	7.0	26	Yes	10,069
20 / 0715	1.35	69.0	93	7	7.0	26	Yes	8,333
21 / 0908	1.32	88.0	116	7	6.9	26	Yes	6,388
22 / 0736	1.41	88.0	124	8	7.0	26	Yes	6,458
23 / 0940	1.25	63.0	79	8	6.9	26	Yes	9,375
24 / 1158	1.28	64.0	82	8	6.9	26	Yes	9,028
25 / 1004	1.27	64.0	81	9	6.9	26	Yes	8,958
26 / 0801	1.36	69.0	94	9	6.9	26	Yes	8,264
27 / 1018	1.28	76.0	97	9	6.9	26	Yes	7,431
28 / 0730	1.31	72.0	94	8	6.9	26	Yes	7,708

" 3 If Cl<sub>2</sub> 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](http://www.public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-conv-direct.pdf)"