OHA - Drinking Water Program - Turbidity Monitoring Report Form County: Benton

Conventional or Direct Filtration

System Name: Corvallis, City of ID#: 41 00225 WTP-: WTP - B Month/Year: **Jun / 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	0.03	0.03	0.03	0.02	0.03	0.03	0.04
2	0.03	0.03	OFF	OFF	OFF	OFF	0.03
3	OFF	OFF	OFF	OFF	OFF	OFF	
4	OFF	OFF	OFF	OFF	OFF	OFF	
5	OFF	OFF	OFF	OFF	0.03	0.03	0.04
6	0.03	0.03	0.03	0.03	0.03	0.03	0.03
7	0.03	0.03	0.03	0.03	0.03	0.03	0.05
8	0.03	0.03	0.03	0.03	0.03	0.03	0.03
9	0.03	0.03	0.03	0.03	0.03	0.03	0.04
10	0.03	0.03	0.03	0.03	0.03	0.03	0.03
11	0.03	0.03	0.03	0.02	0.03	0.03	0.06
12	0.03	0.03	0.03	0.03	0.03	0.03	0.04
13	0.03	0.03	0.03	0.03	0.03	0.03	0.03
14	0.03	0.03	0.03	0.03	0.02	0.03	0.03
15	0.03	0.03	0.03	0.02	0.03	0.03	0.03
16	0.03	0.03	0.03	0.03	0.02	0.03	0.04
17	0.03	0.03	0.03	0.02	0.03	0.03	0.03
18	0.03	0.03	0.03	0.03	0.02	0.03	0.03
19	0.03	0.03	0.03	0.02	0.03	0.03	0.05
20	0.03	0.03	0.03	0.03	0.02	0.03	0.03
21	0.03	0.03	0.03	0.03	0.03	0.03	0.05
22	0.03	0.03	0.03	0.03	0.04	0.03	0.04
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03
24	0.03	0.03	0.03	0.03	0.03	0.03	0.04
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03
26	0.03	0.03	0.03	0.03	0.03	0.03	0.04
27	0.03	0.03	0.03	0.03	0.03	0.03	0.04
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03
29	0.03	0.03	0.03	0.03	0.03	0.03	0.04
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03

Conventional or Direct Filtration

95% of the 4-hour turbidity readings ≤ 0.3 NTU? (Yes) / No

All the 4-hour turbidity readings ≤ 1 NTU? (Yes) / No

All turbidity readings < IFE[2] triggers? (Yes) / No

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back) (Yes) / No

All Cl2 residuals at entry point >= 0.2 mg/l? (Yes) / No

Notes:

RC Start up

PRINTED NAME: Chad Marshall

SIGNATURE: [signature]

Date: 07/07/2025

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 - B **Month/Year: Jun / 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	0900	1.24	36	45	14	7.2	23	Yes	1,667
02	OFF		36						
03	OFF		36						
04	OFF		36						
05	0300	1.31	36	47	14	7.3	23	Yes	1,597
06	1900	1.21	36	44	14	7.2	23	Yes	1,736
07	0700	1.23	36	44	15	7.2	16	Yes	1,736
08	1500	1.22	36	44	15	7.2	16	Yes	1,736
09	1000	1.24	36	45	16	7.2	16	Yes	1,667
10	1700	1.14	36	41	16	7.2	15	Yes	1,667
11	0200	1.33	36	48	16	7.2	16	Yes	1,736
12	1800	1.16	36	42	16	7.2	15	Yes	1,736
13	1000	1.19	36	43	15	7.2	15	Yes	1,736
14	0100	1.27	36	46	15	7.2	16	Yes	1,736
15	0200	1.21	36	44	15	7.2	16	Yes	1,667
16	1000	1.23	36	44	15	7.2	16	Yes	1,667
17	1000	1.24	36	45	15	7.2	16	Yes	1,667
18	1600	1.01	36	36	15	7.2	15	Yes	1,736
19	0100	1.27	36	46	15	7.2	16	Yes	1,736
20	1700	1.13	36	41	15	7.1	15	Yes	1,736
21	0000	1.15	36	41	14	7.1	23	Yes	1,736
22	0100	1.25	36	45	14	7.2	23	Yes	1,736
23	0100	1.22	36	44	14	7.2	23	Yes	1,736
24	0900	1.23	36	44	15	7.2	16	Yes	1,736
25	1600	1.16	36	42	15	7.2	15	Yes	1,736
26	0800	1.29	36	46	15	7.2	16	Yes	1,736
27	0900	1.31	36	47	15	7.2	16	Yes	1,736
28	0700	1.28	36	46	15	7.2	16	Yes	1,736
29	0200	1.31	36	47	16	7.2	16	Yes	1,736
30	2000	1.31	36	47	16	7.2	16	Yes	1,667

" [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"