

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: 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	0.03	0.03	0.03	0.03	0.03	0.03	0.04
2	0.03	0.03	0.03	0.03	0.03	0.03	0.03
3	0.03	0.03	0.03	0.03	0.03	0.03	0.04
4	0.03	0.03	0.03	0.03	0.03	0.03	0.03
5	0.03	0.03	0.03	0.03	0.03	0.03	0.03
6	0.03	0.03	0.03	0.03	0.03	0.03	0.04
7	0.03	0.03	0.03	0.03	0.03	0.03	0.04
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	0.06
10	0.03	0.03	0.03	0.03	0.03	0.03	0.03
11	0.03	0.03	0.03	0.03	0.03	0.03	0.04
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.03	0.03	0.03	0.03	0.03	0.05
15	0.03	0.03	0.03	0.03	0.03	0.03	0.04
16	0.03	0.03	0.03	0.03	0.03	0.03	0.04
17	0.03	0.03	0.03	0.03	0.03	0.03	0.04
18	0.03	0.03	0.03	0.03	0.03	0.03	0.05
19	0.03	0.03	0.03	0.03	0.03	0.03	0.03
20	0.03	0.03	0.03	0.03	0.03	0.03	0.04
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03
22	0.03	0.03	0.03	0.03	0.03	0.03	0.04
23	0.03	0.03	0.03	0.03	0.03	0.03	0.04
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	0.03
28	0.03	0.03	0.03	0.03	0.04	0.03	0.05
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03
30	0.03	0.03	0.03	0.03	0.03	0.03	0.04
31	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 $\leq$ 0.3 NTU?

☒ Yes / ☐ No

All the 4-hour turbidity readings $\leq$ 1 NTU?

☒ Yes / ☐ No

All turbidity readings < IFE² triggers?

☒ Yes / ☐ No

Notes:

Monthly Summary (Answer Yes or No)

CT's met everyday?

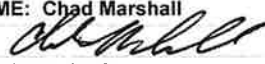
All Cl2 residuals at entry point $\geq$ 0.2 mg/l?

(see back)

☒ Yes / ☐ No

☒ Yes / ☐ No

PRINTED NAME: Chad Marshall

SIGNATURE: 

PHONE #: (541) 754-1758

Date: 08/08/2025

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 - B

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	0000	1.25	36	45	17	7.2	16	Yes	1,736
02	1800	1.17	36	42	17	7.2	15	Yes	1,736
03	0000	1.28	36	46	17	7.2	16	Yes	1,736
04	0900	1.30	36	47	17	7.2	16	Yes	1,736
05	0000	1.26	36	45	16	7.1	16	Yes	1,736
06	0500	1.26	36	45	17	7.1	16	Yes	1,667
07	0100	1.22	36	44	17	7.1	16	Yes	1,736
08	1900	1.15	36	41	17	7.1	15	Yes	1,736
09	2300	1.22	36	44	18	7.1	16	Yes	1,736
10	1700	1.14	36	41	18	7.1	15	Yes	1,736
11	0100	1.27	36	46	18	7.1	16	Yes	1,736
12	0400	1.21	36	44	17	7.1	16	Yes	1,736
13	0200	1.16	36	42	18	7.1	15	Yes	1,736
14	1100	1.19	36	43	19	7.1	15	Yes	1,736
15	0000	1.23	36	44	19	7.1	16	Yes	1,806
16	0400	1.25	36	45	18	7.1	16	Yes	1,736
17	0000	1.22	36	44	19	7.1	16	Yes	1,736
18	0900	1.19	36	43	18	7.1	15	Yes	1,736
19	0800	1.19	36	43	18	7.2	15	Yes	1,736
20	0100	1.20	36	43	18	7.2	15	Yes	1,736
21	0800	1.19	36	43	18	7.2	15	Yes	1,736
22	0900	1.28	36	46	18	7.2	16	Yes	1,736
23	1800	1.15	36	41	18	7.2	15	Yes	1,736
24	0100	1.16	36	42	18	7.2	15	Yes	1,736
25	1800	1.15	36	41	18	7.2	15	Yes	1,736
26	0100	1.19	36	43	18	7.1	15	Yes	1,736
27	1000	1.14	36	41	18	7.1	15	Yes	1,736
28	0200	1.15	36	41	18	7.1	15	Yes	1,736
29	0500	1.22	36	44	18	7.2	16	Yes	1,736
30	0100	1.18	36	42	18	7.2	15	Yes	1,736
31	1800	1.15	36	41	18	7.2	15	Yes	1,736

"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