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: **Sep / 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	0.05
2	0.04	0.04	0.04	0.04	0.04	0.04	0.05
3	0.04	0.04	0.04	0.04	0.03	0.03	0.07
4	0.04	0.04	0.04	0.04	0.04	0.04	0.05
5	0.04	0.04	0.03	0.03	0.04	0.04	0.05
6	0.04	0.04	0.04	0.04	0.04	0.04	0.05
7	0.04	0.04	0.04	0.03	0.03	0.03	0.04
8	0.04	0.04	0.04	0.04	0.04	0.04	0.05
9	0.04	0.04	0.04	0.04	0.03	0.03	0.04
10	0.04	0.04	0.04	0.04	0.03	0.03	0.05
11	0.03	0.03	0.03	0.04	0.03	0.03	0.05
12	0.03	0.03	0.03	0.03	0.03	0.03	0.05
13	0.03	0.03	0.03	0.03	0.04	0.03	0.05
14	0.03	0.03	0.03	0.04	0.04	0.04	0.07
15	0.03	0.03	0.03	0.03	0.04	0.03	0.05
16	0.03	0.03	0.03	0.04	0.03	0.03	0.05
17	0.03	0.03	0.03	0.03	0.03	0.03	0.05
18	0.03	0.03	0.03	0.03	0.03	0.03	0.04
19	0.03	0.03	0.03	0.03	0.03	0.03	0.04
20	0.03	0.03	0.03	0.03	0.03	0.03	0.05
21	0.03	0.03	0.03	0.04	0.03	0.03	0.05
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	0.05
26	0.03	0.03	0.03	0.03	0.03	0.03	0.05
27	0.03	0.03	0.03	0.03	0.03	0.03	0.05
28	0.03	0.03	0.03	0.03	0.03	0.03	0.05
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	0.05

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:

PRINTED NAME: Chad Marshall

SIGNATURE: Chad Marshall

PHONE #: (541) 754-1758

Date: 10/03/2025

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: Sep / 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	1200	1.20	36	43	20	7.1	12	Yes	1,597
02	0600	1.20	36	43	20	7.2	12	Yes	1,597
03	1000	1.21	36	44	20	7.2	12	Yes	1,597
04	0100	1.22	36	44	20	7.3	12	Yes	1,597
05	1600	1.15	36	41	21	7.3	12	Yes	1,597
06	0200	1.22	36	44	20	7.3	12	Yes	1,597
07	1100	1.20	36	43	20	7.3	12	Yes	1,597
08	0100	1.24	36	45	20	7.1	12	Yes	1,597
09	1100	1.19	36	43	21	7.2	12	Yes	1,597
10	0000	1.28	36	46	20	7.2	12	Yes	1,597
11	0700	1.31	36	47	20	7.2	12	Yes	1,597
12	0100	1.23	36	44	19	7.2	16	Yes	1,597
13	0400	1.17	36	42	19	7.2	15	Yes	1,667
14	1100	1.17	36	42	19	7.2	15	Yes	1,597
15	1100	1.15	36	41	19	7.2	15	Yes	1,597
16	0700	1.24	36	45	18	7.2	16	Yes	1,597
17	0000	1.32	36	48	19	7.2	16	Yes	1,597
18	1000	1.32	36	48	19	7.2	16	Yes	1,597
19	0000	1.26	36	45	19	7.2	16	Yes	1,597
20	0000	1.33	36	48	19	7.2	16	Yes	1,597
21	2000	1.23	36	44	18	7.2	16	Yes	1,597
22	2300	1.32	36	48	18	7.2	16	Yes	1,597
23	0800	1.31	36	47	18	7.2	16	Yes	1,597
24	0900	1.32	36	48	18	7.1	16	Yes	1,597
25	0800	1.28	36	46	18	7.1	16	Yes	1,528
26	2300	1.27	36	46	18	7.1	16	Yes	1,528
27	0900	1.24	36	45	18	7.1	16	Yes	1,528
28	2300	1.38	36	50	18	7.2	16	Yes	1,597
29	0000	1.24	36	45	18	7.1	16	Yes	1,667
30	0100	1.18	36	42	17	7.2	15	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"