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: **Oct / 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	0.04	0.04	0.05
2	0.04	0.03	0.03	0.03	0.04	0.04	0.05
3	0.03	0.03	0.03	0.03	0.03	0.03	0.05
4	0.03	0.03	0.03	0.03	0.04	0.03	0.05
5	0.03	0.03	0.03	0.03	0.03	0.03	0.05
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	0.05
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	0.04
11	0.03	0.03	0.03	0.03	0.05	0.04	0.05
12	0.03	0.03	0.03	0.03	0.03	0.03	0.05
13	0.04	0.03	0.03	OFF	OFF	OFF	0.04
14	OFF	OFF	OFF	OFF	OFF	OFF	
15	OFF	OFF	OFF	OFF	OFF	OFF	
16	OFF	OFF	OFF	OFF	OFF	OFF	
17	OFF	OFF	OFF	OFF	OFF	OFF	
18	OFF	OFF	OFF	OFF	OFF	OFF	
19	OFF	OFF	OFF	OFF	OFF	OFF	
20	OFF	OFF	OFF	OFF	OFF	OFF	
21	OFF	OFF	OFF	OFF	OFF	OFF	
22	OFF	OFF	OFF	OFF	OFF	OFF	
23	OFF	OFF	OFF	OFF	OFF	OFF	
24	OFF	OFF	OFF	OFF	OFF	OFF	
25	OFF	OFF	OFF	OFF	OFF	OFF	
26	OFF	OFF	OFF	OFF	OFF	OFF	
27	OFF	OFF	OFF	OFF	OFF	OFF	
28	OFF	OFF	OFF	OFF	OFF	OFF	
29	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	OFF	OFF	0.05	0.04	0.07
31	0.03	0.04	0.04	0.03	0.05	0.04	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 **Date: 11/06/2025**

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: Oct / 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	2300	1.19	36	43	17	7.1	15	Yes	1,667
02	0000	1.23	36	44	16	7.2	16	Yes	1,667
03	0900	1.34	36	48	16	7.2	16	Yes	1,667
04	1000	1.21	36	44	16	7.3	16	Yes	1,597
05	2300	1.30	36	47	16	7.3	16	Yes	1,597
06	1100	1.29	36	46	16	7.5	16	Yes	1,597
07	0000	1.25	36	45	16	7.4	16	Yes	1,597
08	0900	1.24	36	45	16	7.4	16	Yes	1,597
09	0000	1.27	36	46	15	7.4	16	Yes	1,597
10	0500	1.19	36	43	15	7.4	15	Yes	1,736
11	0900	1.24	36	45	15	7.4	16	Yes	1,667
12	0000	1.20	36	43	14	7.3	23	Yes	1,597
13	0800	1.20	36	43	14	7.3	23	Yes	1,181
14	OFF		36						
15	OFF		36						
16	OFF		36						
17	OFF		36						
18	OFF		36						
19	OFF		36						
20	OFF		36						
21	OFF		36						
22	OFF		36						
23	OFF		36						
24	OFF		36						
25	OFF		36						
26	OFF		36						
27	OFF		36						
28	OFF		36						
29	OFF		36						
30	2100	1.37	36	49	14	7.3	23	Yes	1,319
31	1100	1.22	36	44	13	7.4	23	Yes	1,597

" [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"