

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: Nov / 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	0.04	0.04	0.04	0.07	0.12
2	0.10	0.05	0.04	0.03	0.04	0.04	0.10
3	0.03	0.03	0.03	0.03	0.05	0.04	0.05
4	0.04	0.04	0.05	0.04	0.05	0.04	0.05
5	0.04	0.04	0.04	0.04	0.04	0.03	0.06
6	0.03	0.03	0.04	0.04	0.05	0.04	0.05
7	0.03	0.03	0.03	0.03	0.04	0.03	0.05
8	0.03	0.03	0.03	0.03	0.04	0.03	0.05
9	0.03	0.03	0.03	0.04	0.04	0.03	0.05
10	0.03	0.03	0.03	0.03	0.05	0.03	0.05
11	0.03	0.03	0.03	0.03	0.04	0.03	0.06
12	0.03	0.03	0.03	0.03	0.04	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	0.03	0.04	0.03	0.05
15	0.03	0.03	0.03	0.03	0.04	0.04	0.05
16	0.03	0.03	0.03	0.03	0.04	0.03	0.05
17	0.03	0.03	0.03	0.04	0.05	0.04	0.05
18	0.04	0.03	0.03	0.03	0.04	0.03	0.05
19	0.03	0.03	0.03	0.03	0.04	0.03	0.05
20	0.03	0.03	0.03	0.04	0.05	0.04	0.06
21	0.03	0.03	0.03	0.03	0.04	0.03	0.05
22	0.03	0.03	0.03	0.03	0.04	0.03	0.05
23	0.03	0.03	0.03	0.03	0.04	0.03	0.05
24	0.03	0.03	0.03	0.03	0.04	0.03	0.05
25	0.03	0.03	0.03	0.03	0.04	0.03	0.05
26	0.03	0.03	0.03	0.03	0.04	0.04	0.05
27	0.04	0.04	0.03	0.03	0.04	0.04	0.06
28	0.04	0.04	0.04	0.04	0.05	0.04	0.05
29	0.03	0.03	0.03	0.03	0.04	0.03	0.05
30	0.03	0.03	0.03	0.03	0.04	0.03	0.05

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

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 < IFE² triggers? Yes No

CT's met everyday? Yes No
 (see back)
 All Cl₂ residuals at entry point ≥ 0.2 mg/l? Yes No

Notes:

PRINTED NAME: Chad Marshall
 SIGNATURE: 
 PHONE #: (541) 754-1758

Date: 12/04/2025
 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: Nov / 2025

Required
Log Inactivation: 0.5

Date	Time	Minimum Cl ₂ 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	1000	1.20	36	43	14	7.4	23	Yes	1,458
02	0100	1.33	36	48	14	7.5	23	Yes	1,458
03	0500	1.28	36	46	13	7.4	23	Yes	1,458
04	0700	1.20	36	43	14	7.4	23	Yes	1,458
05	0900	1.22	36	44	14	7.4	23	Yes	1,458
06	0800	1.22	36	44	14	7.5	23	Yes	1,458
07	0200	1.21	36	44	14	7.4	23	Yes	1,458
08	1600	1.29	36	46	13	7.3	23	Yes	1,806
09	0900	1.25	36	45	13	7.3	23	Yes	1,806
10	0800	1.22	36	44	13	7.3	23	Yes	1,806
11	1100	1.21	36	44	14	7.2	23	Yes	1,806
12	1000	1.20	36	43	14	7.2	23	Yes	1,806
13	1000	1.17	36	42	14	7.2	23	Yes	1,736
14	1000	1.18	36	42	13	7.2	23	Yes	1,806
15	0200	1.20	36	43	14	7.2	23	Yes	1,806
16	0100	1.21	36	44	12	7.2	23	Yes	1,806
17	0900	1.21	36	44	12	7.2	23	Yes	1,806
18	0300	1.27	36	46	11	7.2	23	Yes	1,806
19	1000	1.25	36	45	10	7.2	23	Yes	1,806
20	1000	1.20	36	43	10	7.2	23	Yes	1,806
21	0400	1.20	36	43	10	7.2	23	Yes	1,806
22	1700	1.18	36	42	10	7.2	23	Yes	1,806
23	0300	1.13	36	41	10	7.3	23	Yes	1,806
24	0400	1.24	36	45	10	7.2	23	Yes	1,806
25	0400	1.21	36	44	9	7.3	31	Yes	1,806
26	1100	1.21	36	44	9	7.3	31	Yes	1,806
27	0200	1.26	36	45	10	7.2	23	Yes	1,806
28	0500	1.24	36	45	10	7.2	23	Yes	1,806
29	0200	1.24	36	45	10	7.3	23	Yes	1,806
30	0300	1.30	36	47	10	7.3	23	Yes	1,806

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.