

**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: Dec / 2025**

Day	12 AM	4 AM	8 AM	NOON	4 PM	8 PM	Highest Reading of the Day 1
	(NTU)	(NTU)	(NTU)	(NTU)	(NTU)	(NTU)	
1	0.03	0.03	0.03	0.03	0.04	0.03	0.05
2	0.03	0.03	0.03	0.04	0.04	0.03	0.04
3	0.03	0.03	0.03	0.03	0.04	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	0.04	0.06	0.06
6	0.04	0.04	0.04	0.04	0.04	0.03	0.06
7	0.03	0.03	0.03	0.03	0.04	0.03	0.06
8	0.03	0.03	0.03	0.03	0.04	0.04	0.06
9	0.04	0.03	0.03	0.06	0.04	0.04	0.06
10	0.04	0.04	0.03	0.03	0.05	0.04	0.05
11	0.03	0.03	0.03	0.03	0.04	0.03	0.05
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	0.06
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	0.03	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	0.04	0.03	0.06
18	0.03	0.03	0.03	OFF	OFF	OFF	0.03
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	0.04	0.06	0.05	0.07
24	0.04	0.04	0.04	0.04	0.05	0.04	0.07
25	0.04	0.04	0.03	0.03	0.05	0.04	0.06
26	0.03	0.03	0.03	0.03	0.05	0.04	0.07
27	0.03	0.03	0.03	0.03	0.05	0.04	0.07
28	0.03	0.03	0.03	0.06	0.04	0.03	0.06
29	0.03	0.03	0.03	0.03	0.05	0.03	0.06
30	0.03	0.03	0.03	0.03	0.05	0.03	0.06
31	0.03	0.03	0.03	0.03	0.05	0.03	0.06

**Conventional or Direct Filtration**

**Monthly Summary (Answer Yes or No)**

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 < IFE<sup>2</sup> triggers?  Yes  No

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

Notes:

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

Date: 01/05/2026  
 Cert #: T-08843

<sup>1</sup> 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.  
<sup>2</sup> 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: Dec / 2025

Required Log Inactivation: 0.5

Date	Time	Minimum Cl <sub>2</sub> 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	0400	1.32	36	48	10	7.3	23	Yes	1,806
02	0400	1.23	36	44	9	7.4	31	Yes	1,806
03	1100	1.26	36	45	9	7.4	31	Yes	1,806
04	0400	1.27	36	46	9	7.4	31	Yes	1,806
05	0800	1.24	36	45	9	7.4	31	Yes	1,736
06	0800	1.31	36	47	10	7.4	23	Yes	1,389
07	1100	1.22	36	44	10	7.5	23	Yes	1,389
08	0600	1.27	36	46	10	7.4	23	Yes	1,389
09	0900	1.25	36	45	10	7.4	23	Yes	1,389
10	0400	1.35	36	49	10	7.4	23	Yes	1,597
11	1100	1.30	36	47	10	7.4	23	Yes	1,597
12	0300	1.26	36	45	10	7.5	23	Yes	1,597
13	1100	1.21	36	44	10	7.5	23	Yes	1,597
14	0200	1.27	36	46	10	7.4	23	Yes	1,597
15	0300	1.25	36	45	10	7.4	23	Yes	1,597
16	0300	1.29	36	46	10	7.4	23	Yes	1,597
17	0000	1.36	36	49	11	7.3	23	Yes	1,597
18	OFF								
19	OFF								
20	OFF								
21	OFF								
22	OFF								
23	0700	1.36	36	49	11	7.6	28	Yes	1,319
24	0600	1.37	36	49	10	7.6	28	Yes	1,389
25	1000	1.32	36	48	10	7.6	28	Yes	1,389
26	0700	1.35	36	49	9	7.4	31	Yes	1,389
27	1000	1.33	36	48	9	7.4	31	Yes	1,319
28	0600	1.35	36	49	9	7.4	31	Yes	1,319
29	0300	1.36	36	49	8	7.4	31	Yes	1,319
30	0300	1.32	36	48	8	7.4	31	Yes	1,389
31	0600	1.27	36	46	7	7.3	31	Yes	1,319

" 3 If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by next business day.