

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: Jan / 2026

Day	12 AM	4 AM	8 AM	NOON	4 PM	8 PM	Highest Reading of the Day 1
	(NTU)	(NTU)	(NTU)	(NTU)	(NTU)	(NTU)	(NTU)
1	0.03	0.03	0.03	0.03	0.05	0.03	0.06
2	0.03	0.03	0.03	0.03	0.05	0.04	0.06
3	0.04	0.03	0.03	0.03	0.05	0.04	0.06
4	0.03	0.03	0.03	0.03	0.06	0.05	0.07
5	0.05	0.04	0.04	0.04	0.05	0.05	0.07
6	0.04	0.03	0.03	0.03	0.04	0.04	0.06
7	0.03	0.03	0.04	0.04	0.05	0.04	0.07
8	0.04	0.04	0.04	0.04	0.03	0.04	0.07
9	0.04	0.03	0.03	0.03	0.05	0.04	0.06
10	0.03	0.03	0.03	0.03	0.04	0.03	0.06
11	0.03	0.03	0.03	0.03	0.04	0.03	0.06
12	0.03	0.03	0.03	0.03	0.05	0.03	0.07
13	0.03	0.03	0.03	0.03	0.05	0.03	0.06
14	0.03	0.03	0.03	0.03	0.05	0.03	0.06
15	0.03	0.03	0.03	0.03	0.05	0.03	0.06
16	0.03	0.03	0.03	0.03	0.05	0.03	0.06
17	0.03	0.03	0.03	0.03	0.04	0.03	0.06
18	0.03	0.03	0.03	0.03	0.05	0.03	0.06
19	0.03	0.03	0.03	0.03	0.05	0.03	0.06
20	0.03	0.03	0.03	0.03	0.05	0.03	0.06
21	0.03	0.03	0.03	0.03	0.05	0.04	0.06
22	0.03	0.03	0.03	0.03	0.04	0.04	0.07
23	0.03	0.03	0.03	0.03	0.04	0.03	0.06
24	0.03	0.03	0.03	0.03	0.05	0.04	0.07
25	0.03	0.03	0.03	0.03	0.04	0.03	0.06
26	0.03	0.03	0.03	0.03	0.04	0.03	0.06
27	0.03	0.03	0.03	0.03	0.05	0.04	0.07
28	0.03	0.03	0.03	0.03	0.05	0.04	0.07
29	0.03	0.03	0.03	0.03	0.06	0.04	0.07
30	0.04	0.03	0.03	0.03	OFF	OFF	0.07
31	OFF	OFF	OFF	OFF	OFF	OFF	

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) 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: 02/06/2026
 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: Jan / 2026

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	0200	1.20	36	43	7	7.3	31	Yes	1,319
02	0400	1.33	36	48	8	7.2	31	Yes	1,319
03	0300	1.29	36	46	9	7.3	31	Yes	1,319
04	0700	1.29	36	46	9	7.1	31	Yes	1,319
05	0900	1.30	36	47	9	7.1	31	Yes	1,319
06	0500	1.29	36	46	9	7.4	31	Yes	1,319
07	0100	1.32	36	48	9	7.2	31	Yes	1,319
08	0700	1.31	36	47	8	7.3	31	Yes	1,319
09	0900	1.31	36	47	8	7.3	31	Yes	1,319
10	0700	1.30	36	47	8	7.2	31	Yes	1,528
11	0100	1.33	36	48	8	7.2	31	Yes	1,597
12	0700	1.30	36	47	8	7.2	31	Yes	1,597
13	0300	1.32	36	48	8	7.2	31	Yes	1,597
14	0300	1.33	36	48	8	7.2	31	Yes	1,597
15	0700	1.25	36	45	8	7.2	31	Yes	1,597
16	0300	1.30	36	47	8	7.2	31	Yes	1,597
17	0300	1.34	36	48	8	7.2	31	Yes	1,597
18	0800	1.33	36	48	7	7.2	31	Yes	1,597
19	0500	1.36	36	49	7	7.3	31	Yes	1,528
20	0300	1.37	36	49	7	7.3	31	Yes	1,597
21	0800	1.36	36	49	6	7.3	31	Yes	1,528
22	0800	1.38	36	50	6	7.4	31	Yes	1,597
23	0300	1.39	36	50	6	7.3	31	Yes	1,597
24	0700	1.31	36	47	6	7.3	31	Yes	1,597
25	0200	1.36	36	49	5	7.3	31	Yes	1,597
26	0200	1.39	36	50	5	7.3	31	Yes	1,597
27	0300	1.36	36	49	6	7.3	31	Yes	1,667
28	0800	1.33	36	48	6	7.2	31	Yes	1,667
29	1000	1.34	36	48	7	7.1	31	Yes	1,667
30	0800	1.30	36	47	7	7.3	31	Yes	1,597
31	OFF		36						

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