

**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: Feb / 2026					Highest Reading of the Day 1
Day	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	(NTU)	
1	OFF	OFF	OFF	OFF	OFF	OFF		
2	OFF	OFF	OFF	OFF	OFF	OFF		
3	OFF	OFF	OFF	OFF	OFF	OFF		
4	OFF	OFF	OFF	OFF	OFF	OFF		
5	OFF	OFF	OFF	OFF	OFF	OFF		
6	OFF	OFF	OFF	OFF	OFF	OFF		
7	OFF	OFF	OFF	OFF	OFF	OFF		
8	OFF	OFF	OFF	OFF	OFF	OFF		
9	OFF	OFF	OFF	OFF	0.04	OFF	0.06	
10	OFF	OFF	OFF	OFF	0.03	0.03	0.03	
11	0.03	0.03	0.03	0.03	0.04	0.03	0.08	
12	0.03	0.03	0.03	0.03	0.04	0.03	0.07	
13	0.03	0.03	0.03	0.03	0.04	0.03	0.06	
14	0.03	0.03	0.03	0.03	0.05	0.03	0.06	
15	0.03	0.04	0.04	0.03	0.05	0.04	0.08	
16	0.03	0.03	0.03	0.03	0.06	0.04	0.07	
17	0.03	0.04	0.03	0.03	0.05	0.04	0.07	
18	0.04	0.04	0.03	0.03	0.04	0.03	0.05	
19	0.03	0.03	0.03	0.03	0.05	0.03	0.06	
20	0.03	0.03	0.03	0.03	0.04	0.03	0.06	
21	0.03	0.03	0.03	0.03	0.04	0.03	0.05	
22	0.03	0.03	0.03	0.04	0.03	0.04	0.05	
23	0.04	0.04	0.04	0.07	0.05	0.05	0.07	
24	0.04	0.04	0.04	0.06	0.04	0.06	0.08	
25	0.04	0.04	0.03	0.03	0.05	0.04	0.07	
26	0.03	0.03	0.03	0.03	0.04	0.03	0.06	
27	0.03	0.03	0.03	0.03	0.04	0.03	0.06	
28	0.03	0.03	0.03	0.03	0.04	0.03	0.06	

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

CT's met everyday?

All Cl2 residuals at entry point ≥ 0.2 mg/l?

(see back)

Yes  No

Yes  No

**Notes:**

PRINTED NAME: Chad Marshall

SIGNATURE: 

PHONE #: (541) 754-1758

Date: 03/09/2026

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: Feb / 2026

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	OFF								
02	OFF								
03	OFF								
04	OFF								
05	OFF								
06	OFF								
07	OFF								
08	OFF								
09	1500	1.28	36	46	9	7.3	31	Yes	1,667
10	2200	1.30	36	47	8	7.3	31	Yes	1,389
11	2300	1.31	36	47	8	7.2	31	Yes	1,667
12	0300	1.28	36	46	8	7.2	31	Yes	1,667
13	1600	1.28	36	46	8	7.3	31	Yes	1,667
14	0200	1.26	36	45	8	7.3	31	Yes	1,597
15	1100	1.22	36	44	8	7.2	31	Yes	1,597
16	1200	1.25	36	45	8	7.2	31	Yes	1,667
17	1100	1.24	36	45	7	7.2	31	Yes	1,597
18	1100	1.21	36	44	7	7.2	31	Yes	1,597
19	0200	1.36	36	49	7	7.2	31	Yes	1,667
20	1100	1.28	36	46	7	7.2	31	Yes	1,667
21	0200	1.33	36	48	7	7.2	31	Yes	1,667
22	2300	1.31	36	47	7	7.2	31	Yes	1,667
23	0300	1.22	36	44	8	7.3	31	Yes	1,667
24	0900	1.26	36	45	8	7.3	31	Yes	1,667
25	0200	1.30	36	47	8	7.4	31	Yes	1,667
26	0200	1.38	36	50	8	7.2	31	Yes	1,667
27	0900	1.33	36	48	8	7.2	31	Yes	1,667
28	1000	1.30	36	47	8	7.2	31	Yes	1,667

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