

OHA - Drink Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

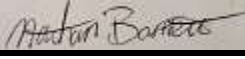
County: CLATSOP
Month/Year: Jan, 2025

System Name: City of Astoria

ID#: 41-00055

WTP: WTP-A

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]
01	0.04	0.04	0.04	0.04	0.04	0.04	0.04
02	0.04	0.04	0.04	0.04	0.04	0.04	0.04
03	0.04	0.04	0.04	0.04	0.04	0.04	0.04
04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
05	0.04	0.04	0.04	0.04	0.05	0.05	0.05
06	0.05	0.05	0.05	0.04	0.05	0.05	0.05
07	0.05	0.04	0.04	0.04	0.04	0.04	0.05
08	0.04	0.04	0.04	0.04	0.03	0.03	0.04
09	0.04	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	0.03
11	0.03	0.03	0.03	0.03	0.03	0.03	0.03
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03
13	0.03	0.03	0.03	0.03	0.03	0.03	0.03
14	0.03	0.03	0.03	0.03	0.04	0.04	0.04
15	0.03	0.03	0.03	0.03	0.03	0.03	0.03
16	0.03	0.03	0.03	0.03	0.03	0.03	0.03
17	0.03	0.03	0.03	0.03	0.03	0.03	0.03
18	0.03	0.03	0.03	0.03	0.03	0.03	0.03
19	0.03	0.03	0.03	0.03	0.03	0.03	0.03
20	0.03	0.03	0.03	0.03	0.03	0.03	0.03
21	0.03	0.03	0.03	0.03	0.03	0.03	0.04
22	0.03	0.03	0.03	0.03	0.03	0.03	0.04
23	0.03	0.03	0.03	0.03	0.03	0.03	0.04
24	0.03	0.03	0.03	0.03	0.03	0.04	0.04
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03
26	0.03	0.03	0.03	0.03	0.03	0.03	0.03
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03
28	0.03	0.03	0.03	0.03	0.03	0.03	0.03
29	0.03	0.03	0.03	0.03	0.03	0.04	0.04
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03
31	0.03	0.03	0.03	0.03	0.03	0.03	0.03

Slow Sand / Membrane / DE Filtration / Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings =< 1 NTU? YES	CT's met everyday? (see back) YES	All CL2 residual at entry point >= 0.2 mg/L? YES
All daily turbidity readings =< 5 NTU? YES		
Notes:	PRINTED NAME: Nathan Bartlett	
	SIGNATURE: 	DATE: 2/3/2025
	PHONE #: (503)325-3524	CERT: T-08872

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP : WTP-A

System Name: City of Astoria ID#: 41-00055 Month/Year: Jan,2025 Disinfection Giardia Log Inactiv: 1.0

Date / Time	Minimum CL2 Residual at 1st User (C)	Contact Time (T)	Actual CT C X T	Temp [Celsius]	pH	Required CT formula	CT Met Yes / No	Peak Hourly Demand Flow [GPM]
01 / 11:33	1.76	120	211	7.71	7.23	53	YES	1565
02 / 4:43	1.38	98	135	7.83	7.25	51	YES	1925
03 / 6:45	1.6	125	200	7.98	7.24	51	YES	1506
04 / 13:42	1.6	119	191	7.88	7.24	52	YES	1574
05 / 16:36	1.59	120	191	7.94	7.23	51	YES	1563
06 / 6:31	1.59	120	191	8.33	7.23	50	YES	1562
07 / 3:16	1.63	120	196	7.85	7.22	52	YES	1562
08 / 23:01	1.69	121	204	7.8	7.03	49	YES	1560
09 / 19:15	1.71	120	205	8.02	7.22	51	YES	1569
10 / 3:56	1.71	120	205	8.01	7.21	51	YES	1570
11 / 6:20	1.72	121	207	8.09	7.21	51	YES	1560
12 / 15:52	1.71	121	206	8.1	7.21	51	YES	1560
13 / 17:54	1.45	120	174	7.47	7.22	52	YES	1564
14 / 3:34	1.66	120	200	7.18	7.24	55	YES	1562
15 / 2:13	1.72	121	207	7.15	7.27	56	YES	1560
16 / 9:53	1.73	120	208	7.29	7.28	55	YES	1562
17 / 23:54	1.59	120	191	7.08	7.3	56	YES	1564
18 / 16:54	1.6	120	192	6.54	7.31	58	YES	1565
19 / 13:14	1.61	113	182	6.19	7.33	60	YES	1667
20 / 22:13	1.46	120	175	5.8	7.36	61	YES	1567
21 / 16:53	1.45	120	174	5.8	7.38	61	YES	1568
22 / 2:34	1.47	120	177	5.76	7.42	63	YES	1564
23 / 2:55	1.47	121	177	5.88	7.42	62	YES	1558
24 / 21:34	1.63	121	196	6.24	7.39	61	YES	1560
25 / 14:13	1.63	120	196	6.06	7.38	62	YES	1566
26 / 2:34	1.65	120	198	5.74	7.4	64	YES	1564
27 / 2:14	1.53	121	185	5.69	7.42	63	YES	1557
28 / 7:47	1.51	109	164	5.8	7.43	63	YES	1731
29 / 18:58	1.52	120	183	6.02	7.43	62	YES	1563
30 / 13:40	1.47	118	173	6.23	7.44	61	YES	1599
31 / 13:43	1.42	128	181	6.34	7.43	60	YES	1474

If CL2 at entry point < 0.2 mg/L or CT not met, notify DWS within 24 hours.