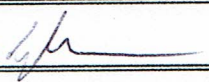


OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: Columbia
Oct-2023

System Name: City of Rainier		ID#: 4100689			WTP : TP -		
Day	12 AM 00:00 [NTU]	4 AM 04:00 [NTU]	8 AM 08:00 [NTU]	NOON 12:00 [NTU]	4 PM 16:00 [NTU]	8 PM 20:00 [NTU]	Highest Reading of the Day ¹ [NTU]
1	OFF	0.10	OFF	0.09	0.08	0.09	0.10
2	0.12	OFF	0.09	0.09	0.11	0.10	0.12
3	0.09	0.10	0.10	0.09	0.10	0.10	0.10
4	0.10	0.10	0.10	OFF	0.12	0.10	0.12
5	0.10	0.10	0.09	0.08	0.08	0.07	0.10
6	0.09	OFF	0.08	OFF	0.08	0.08	0.09
7	OFF	0.08	OFF	0.09	0.10	OFF	0.10
8	0.10	0.09	0.09	0.09	0.09	0.09	0.10
9	0.09	0.10	0.11	OFF	0.11	0.11	0.11
10	0.11	OFF	0.08	0.87	0.06	0.03	0.87
11	0.03	0.04	0.03	0.04	OFF	0.03	0.04
12	0.03	0.04	0.03	0.04	0.03	0.06	0.06
13	0.04	OFF	OFF	0.04	0.04	OFF	0.04
14	0.04	0.03	OFF	OFF	0.03	OFF	0.04
15	0.03	OFF	OFF	0.05	OFF	OFF	0.05
16	0.03	OFF	0.03	0.03	0.03	0.04	0.04
17	0.03	0.03	0.06	0.03	0.04	0.03	0.06
18	0.03	0.03	0.05	0.03	0.03	0.04	0.05
19	0.04	0.03	0.04	0.06	0.04	0.04	0.06
20	0.04	OFF	0.05	0.05	OFF	0.05	0.05
21	0.05	0.04	OFF	0.06	0.05	OFF	0.06
22	0.05	0.05	OFF	0.05	0.05	0.06	0.06
23	OFF	0.05	0.06	OFF	0.07	0.06	0.07
24	0.08	0.07	0.07	OFF	0.07	0.07	0.08
25	0.07	0.09	0.08	0.08	0.09	0.08	0.07
26	0.09	0.09	0.09	OFF	0.09	0.08	0.09
27	0.09	0.08	0.08	OFF	0.10	OFF	0.10
28	0.09	0.10	0.09	0.09	OFF	0.09	0.10
29	0.09	OFF	OFF	0.09	0.09	OFF	0.09
30	0.09	OFF	0.09	0.12	0.09	0.10	0.12
31	0.09	0.10	OFF	0.11	0.11	0.11	0.11

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	YES	CT's met everyday?	All Cl2 residual at entry point
All 4-hour turbidity readings ≤ 1 NTU?	YES	See page 2 YES	≥ 0.2 mg/l? YES
All turbidity readings < IFE ² triggers	YES		
Notes:		PRINTED NAME: Elizabeth Lawrence	
		SIGNATURE: 	DATE: 11/10/23
		PHONE #: (360) 281-5613	CERT #: T004530

OHA - Drinking Water Program - Surface Water Quality Data Form							WTP - :	
System Name: CITY OF RAINIER			ID#: 4100689	Oct-2023	Disinfection <i>Giardia</i> Log Inactive:		0.5	
Day	Residual at [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	0.6	160.0	101.6	21.3	7.5	10.1	YES	1000
2	0.6	160.0	99.5	21.3	7.5	10.2	YES	1000
3	0.7	160.0	114.1	20.7	7.5	10.7	YES	1000
4	0.7	160.0	111.2	21.3	7.5	10.3	YES	1000
5	0.9	160.0	138.4	23.2	7.5	9.3	YES	1000
6	0.9	160.0	144.3	22.0	7.5	10.2	YES	1000
7	0.9	160.0	139.4	22.1	7.5	10.0	YES	1000
8	0.8	160.0	135.7	22.7	7.5	9.6	YES	1000
9	0.9	160.0	137.1	22.3	7.5	9.9	YES	1000
10	0.9	160.0	151.4	23.0	7.5	9.5	YES	1000
11	0.9	160.0	142.4	20.0	7.5	11.6	YES	1000
12	0.9	160.0	138.6	20.4	7.5	11.3	YES	1000
13	0.8	160.0	131.2	20.7	7.5	11.1	YES	1000
14	0.8	160.0	129.6	20.2	7.5	11.3	YES	1000
15	0.8	160.0	121.6	20.6	7.5	11.0	YES	1000
16	0.8	160.0	124.6	20.4	7.5	11.1	YES	1000
17	0.8	160.0	127.2	20.7	7.5	10.8	YES	1000
18	0.8	160.0	125.9	20.0	7.5	11.2	YES	1000
19	0.9	160.0	141.0	20.1	7.5	11.3	YES	1000
20	0.8	160.0	127.8	21.0	7.4	10.5	YES	1000
21	0.8	160.0	123.0	20.3	7.4	10.9	YES	1000
22	0.8	160.0	122.9	21.4	7.4	10.1	YES	1000
23	0.8	160.0	123.2	19.8	7.4	11.3	YES	1000
24	0.8	160.0	122.1	20.9	7.4	10.5	YES	1000
25	0.8	160.0	128.2	18.5	7.4	12.4	YES	1000
26	0.8	160.0	126.9	19.6	7.5	11.5	YES	1000
27	0.8	160.0	129.4	17.9	7.5	13.0	YES	1000
28	0.7	160.0	119.0	18.7	7.5	12.2	YES	1000
29	0.7	160.0	118.2	16.9	7.4	13.7	YES	1000
30	0.8	160.0	125.0	17.8	7.5	13.1	YES	1000
31	0.8	160.0	134.1	16.9	7.5	14.0	YES	1000