

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

County: **Columbia**
Jun-2025

System Name: City of Rainier		ID#: 4100689		TP : 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	0.03	0.03	0.06	0.03	0.04	0.04	0.06
2	0.03	0.05	0.04	0.04	0.03	0.03	0.05
3	0.04	0.04	0.05	0.04	0.06	0.03	0.06
4	0.05	0.05	0.05	0.03	0.04	0.04	0.05
5	0.06	0.03	0.05	0.03	0.06	0.04	0.06
6	0.03	0.05	0.04	0.03	0.03	0.03	0.05
7	0.05	0.05	0.03	0.04	0.03	0.03	0.05
8	0.05	0.03	0.03	0.03	0.04	0.03	0.05
9	0.06	0.03	0.04	0.03	0.03	0.04	0.06
10	0.04	0.05	0.03	0.03	0.05	0.03	0.05
11	0.04	0.04	0.03	0.08	0.03	0.04	0.08
12	0.04	0.03	0.05	0.04	0.04	0.03	0.05
13	0.03	0.03	0.04	0.03	0.03	0.03	0.04
14	0.03	0.03	0.06	0.03	0.03	0.03	0.06
15	0.04	0.03	0.05	0.03	0.03	0.05	0.05
16	0.03	0.06	0.08	0.04	0.03	0.03	0.08
17	0.03	0.05	0.03	0.04	0.04	0.03	0.05
18	0.03	0.06	0.05	0.07	0.03	0.03	0.07
19	0.03	0.03	0.05	0.04	0.04	0.03	0.05
20	0.03	0.03	0.03	0.04	0.03	0.04	0.04
21	0.04	0.03	0.03	0.03	0.03	0.04	0.04
22	0.04	0.03	0.03	0.03	0.03	0.04	0.04
23	0.03	0.03	0.04	0.03	0.03	0.03	0.04
24	0.03	0.03	0.05	0.03	0.03	0.03	0.05
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	0.04	0.03	0.03	0.04	0.03	0.03	0.04
28	0.03	0.03	0.03	0.03	0.04	0.04	0.04
29	0.04	0.03	0.03	0.04	0.03	0.04	0.04
30	0.03	0.03	0.03	0.04	0.03	0.04	0.04
31							0.00

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 Cl ₂ 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: Darrel Lockhard	
		SIGNATURE: <i>[Signature]</i>	DATE: 7-3-25
		PHONE #: (541) 222-9997	CERT #: T2853

DHA - Drinking Water Program - Surface Water Quality Data Form								WTP - :
System Name: CITY OF RAINIER		ID#: 4100689		Jun-2025		Disinfection Log Inactive:		0.5
Day	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.8	160.0	120.0	19.0	7.6	12.7	YES	1000
2	0.7	160.0	114.6	19.2	7.5	12.0	YES	1000
3	0.7	160.0	112.0	19.4	7.5	11.8	YES	1000
4	0.7	160.0	116.8	19.5	7.4	11.3	YES	1000
5	0.8	160.0	130.1	19.6	7.5	11.8	YES	1000
6	0.9	160.0	137.6	21.1	7.5	10.7	YES	1000
7	0.9	160.0	138.6	21.2	7.6	11.1	YES	1000
8	0.8	160.0	125.1	22.9	7.5	9.4	YES	1000
9	0.7	160.0	116.3	21.0	7.5	10.6	YES	1000
10	0.7	160.0	113.6	22.7	7.5	9.5	YES	1000
11	0.7	160.0	110.4	21.1	7.3	9.8	YES	1000
12	0.8	160.0	121.6	20.1	7.4	10.9	YES	1000
13	0.9	160.0	150.6	19.9	7.4	11.3	YES	1000
14	0.8	160.0	135.5	18.8	7.5	12.5	YES	1000
15	0.8	160.0	121.1	19.2	7.5	12.0	YES	1000
16	0.7	160.0	118.6	20.6	7.5	10.9	YES	1000
17	0.7	160.0	112.3	19.0	7.5	12.1	YES	1000
18	0.7	160.0	110.6	21.2	7.5	10.4	YES	1000
19	0.9	160.0	141.8	20.1	7.5	11.5	YES	1000
20	1.0	160.0	153.1	20.9	7.5	11.0	YES	1000
21	1.0	160.0	163.2	18.9	7.5	12.7	YES	1000
22	0.9	160.0	139.2	18.0	7.5	13.2	YES	1000
23	0.8	160.0	128.0	19.6	7.5	11.8	YES	1000
24	0.8	160.0	126.4	21.0	7.4	10.3	YES	1000
25	0.8	160.0	123.2	20.8	7.4	10.4	YES	1000
26	0.9	160.0	144.0	20.8	7.4	10.6	YES	1000
27	1.0	160.0	153.1	19.7	7.4	11.5	YES	1000
28	0.7	160.0	110.7	19.8	7.4	11.1	YES	1000
29	0.7	160.0	109.4	21.4	7.4	9.9	YES	1000
30	0.7	160.0	110.4	21.0	7.4	10.2	YES	1000
31		160.0					NO	1000