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

County: Columbia
Month/Year: Apr-22

System Name:	City of Scappoose			ID#: 41	00792	2 1	WTP: TP - A		
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]		
1	OFF	OFF	OFF	0.03	0.03	OFF	0.06		
2	OFF	OFF	OFF	OFF	OFF	OFF			
3	OFF	OFF	OFF	0.03	0.03	0.03	0.04		
4	OFF	OFF	0.04	0.03	OFF	OFF	0.05		
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	OFF	OFF			
10	OFF	OFF	OFF	OFF	OFF	OFF			
11	OFF	OFF	OFF	OFF	OFF	OFF			
12	OFF	OFF	OFF	OFF	OFF	OFF			
13	OFF	OFF	OFF	OFF	OFF	OFF			
14	OFF	OFF	OFF	OFF	OFF	OFF			
15	OFF	OFF	OFF	OFF	OFF	OFF			
16	OFF	OFF	OFF	OFF	OFF	OFF			
17	OFF	OFF	OFF	OFF	OFF	OFF			
18	OFF	OFF	OFF	OFF	OFF	OFF			
19	OFF	OFF	OFF	OFF	OFF	OFF			
20	OFF	OFF	OFF	OFF	OFF	OFF			
21	OFF	OFF	OFF	OFF	OFF	OFF			
22	OFF	OFF	OFF	OFF	OFF	OFF			
23	OFF	OFF	OFF	OFF	OFF	OFF			
24	OFF	OFF	OFF	OFF	OFF	OFF			
25	OFF	OFF	OFF	OFF	OFF	OFF			
26	OFF	OFF	OFF	OFF	OFF	OFF			
27	OFF	OFF	OFF	OFF	OFF	OFF			
28	OFF	OFF	OFF	OFF	OFF	OFF			
29	OFF	OFF	OFF	OFF	OFF	OFF			
30	OFF	OFF	OFF	OFF	OFF	OFF			
Conventional or Direct Filtration				Monthly Summary (Answer Yes or No)					
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes					CT's met everyday? (see back)		All Cl2 residual at entry point ≥ 0.2 mg/l?		
All 4-hour turbidity readings ≤ 1 NTU?  All turbidity readings < IFE² triggers  Yes				Yes					
Notes:				PRINTED NAME: Darryl Sykes					
				SIGNATURE: Darry Syles 5/6/2022					
1 Including conti		if applicable, for or			PHONE #: (503	3-543-5894)	CERT #: 2863		

Including continuous NTU 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 = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

	OHA - Drinking Water P	WTP - :	Α		
System Name:	City of Scappoose	ID#: 4100792	Apr-22	Disinfection Giardia Log Inactiv:	1

Date	Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourly Demand Flow
		User (C) <sup>3</sup> [ppm or mg/L]	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1	8:00	0.66	321	212.5	12.4	7.40	36.5	YES	675
2	OFF								
3	8:00	0.80	292	232.1	12.0	7.20	35.5	YES	715
4	7:30	0.82	308	251.0	11.8	7.20	36.1	YES	728
5	OFF								
6	OFF								-
7	OFF								
8	OFF								
9	OFF								
10	OFF								
11	OFF								
12	OFF								-
13	OFF								
14	OFF								
15	OFF				- 1				
16	OFF								
17	OFF								
18	OFF								
19	OFF								
20	OFF								
21	OFF								
22	OFF								
23	OFF			,					
24	OFF		1						
25	OFF								
26	OFF								
27	OFF							*	*
28	OFF								
29	OFF								
30	OFF								

Revised October 2013