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

County: Columbia
Month/Year: Dec-22

			onal or Direct				WTP : TP -	Dec-22
System Name:		ity of Scappoos 4 AM	e 8 AM	ID#: 41	00792 4 PM	8 PM		
Day	12 AM [NTU]	4 AM [NTU]	[NTU]	[NTU]	[NTU]	[NTU]	Highest Reading of	the Day <sup>1</sup> [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	QFF	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	0.09	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		
31	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					/es	Ye	s	
Notes:				PRINTED NAM	IE: Darryl Sykes			
				SIGNATURE:	Damy	Sylez	1/4/2022	
				R	PHONE #: (50	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	Dec-22	Disinfection <i>Giardia</i> Log Inactiv:	1

Date	Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup> [ppm or mg/L]	Contact Time (T)	Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1									
2									
3									
4									
5									
6								×	
7									
8								-	
9									
10			-						
11									
12			2						
13									
14							,		
15	11:00	0.92	451	416.7	12.0	7.80	44.4	Yes	462
16						,			
17		.4							
18									
19									
20									
21									
22									
23									
24									
25									
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28									
29									
30									
31									

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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Revised October 2013