

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:

Columbia

Month/Year:

Feb-23

System Name:

City of Scappoose

ID#: 41

00792

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 ¹ [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	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	0.05	0.04	OFF	0.09
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	0.05	OFF	OFF	0.09
28	OFF	OFF	OFF	0.05	0.08	OFF	0.09

Conventional or Direct Filtration

95% of 4-hour turbidity readings \leq 0.3 NTU?

Yes

All 4-hour turbidity readings \leq 1 NTU?

Yes

All turbidity readings < IFE² triggers

Yes

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

Yes

All Cl₂ residual at entry point
 \geq 0.2 mg/l?

Yes

Notes:

PRINTED NAME: Darryl Sykes

SIGNATURE: *Darryl Sykes*

3/7/2022

PHONE #: (503-543-5894)

CERT #: 2863

¹ 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. ² IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: City of Scappoose ID#: 4100792						Feb-23		WTP - : A Disinfection <i>Giardia</i> Log Inactiv: 1	
Date	Time	Minimum Cl ₂ Residual at 1st User (C) ³ [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	OFF								
2	OFF								
3	OFF								
4	OFF								
5	OFF								
6	OFF								
7	OFF								
8	OFF								
9	OFF								
10	OFF								
11	OFF								
12	OFF								
13	OFF								
14	OFF								
15	OFF								
16	OFF								
17	OFF								
18	OFF								
19	OFF								
20	OFF								
21	12:30	0.74	440	325.6	10.7	7.60	44.1	Yes	409
22	OFF								
23	OFF								
24	OFF								
25	OFF								
26	OFF								
27	10:45	0.76	706	538.0	10.1	7.60	46.0	Yes	274
28	12:00	0.87	189	164.4	11.1	7.50	42.1	Yes	1409

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.