## OHA - Drinking Water Services - Turbidity Monitoring Report Form County: Columbia Conventional or Direct Filtration Month/Year: Dec-24 System Name: City of Scappoose ID#: 41 WTP: TP-00792 A 12 AM 4 AM 8 AM NOON 4 PM 8 PM Day Highest Reading of the Day 1 [NTU] [NTU] [NTU] [NTU] [NTU] [NTU] [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 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 OFF 27 OFF OFF **OFF OFF OFF** OFF 28 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 Conventional or Direct Filtration Monthly Summary (Answer Yes or No) All Cl2 residual at entry point CT's met everyday? 95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes (see back) ≥ 0.2 mg/l? All 4-hour turbidity readings ≤ 1 NTU? Yes Yes Yes All turbidity readings < IFE2 triggers Yes Notes:

PRINTED NAME: Darryl Sykes

PHONE #: (503-543-5894)

Jarry

Dyko2

1/9/2025

**CERT #: 2863** 

SIGNATURE:

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 Program - Surface Water Qualit						y Data Form		WTP - :	А
System N	lame:	City of So	cappoose	ID#: 4100792		Dec-24		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? <sup>3</sup>	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	CXT	[° C]		formula	Yes / No	[GPM]
1 (	OFF								
2	OFF								
3	OFF								
4	OFF								
5	OFF								
6	OFF								
7	OFF								
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29	OFF								
30	OFF								
31	OFF								