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

County: Columbia
Month/Year: Jan-25

CERT #: 2863

Jan-25 System Name: City of Scappoose ID#: 41 WTP: TP-Α 00792 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 OFF 23 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? CT's met everyday? All Cl2 residual at entry point Yes (see back) ≥ 0.2 mg/l? All 4-hour turbidity readings ≤ 1 NTU? Yes Yes All turbidity readings < IFE² triggers Yes Yes Notes: PRINTED NAME: Darryl Sykes SIGNATURE: mund 2/5/2025

PHONE #: (503-543-5894)

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))

Disinfection Giardia		
System Name: City of Scappoose ID#: 4100792 Jan-25 Log Inactiv:	System Name:	1

Date	Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pН	Required CT	CT Met? ³	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								
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	OFF								
22	OFF								
23	OFF								
24	OFF								
25	OFF								
26	OFF								
27	OFF								
28	OFF								
29	OFF								
30	OFF								
31	OFF								
		oint < 0.2 mg/l or		DIA/C:45:- 24					