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

County:
Month/Year:

Columbia Apr-25

System Name:	(	City of Scappoos	ie	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 <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	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		
	Convent	ional or Direct F	iltration			Monthly Summ	nary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?				Yes	CT's met (see	All Cl2 residual at entry point ≥ 0.2 mg/l?		
		readings ≤ 1 NTU		Yes	Yes Yes			
otes:	turbidity readin	igs < IFE <sup>2</sup> triggers		Yes				
					PRINTED NAME: Darryl Sykes  SIGNATURE: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					SIGNATURE:	Kon 5/6/2025		
Induding continu					PHONE #: (503	-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))

		OTIA - DITITI	ding water Fro	grani - Odriace	Water Quant	Data Folili		WIP-:	A
System	Name:	City of Se	cappoose	ID#: 4100792		Apr-25		Disinfection Giardia Log Inactiv:	1
Date	Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>		Actual CT	Temp	рН	Required CT	CT Met? 3	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	CXT	[° C]	<del> </del>	formula	Yes / No	[GPM]
11	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								

OHA - Drinking Water Program - Surface Water Quality Data Form