OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Columbia

Month/Year: Sep-25

System Name: City of Scappoose **ID#:** 41 0792 **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	0.04	0.03	0.03	0.08
2	0.03	0.03	0.03	0.03	0.03	0.03	0.03
3	0.03	0.03	0.03	0.03	0.03	0.03	0.10
4	0.03	0.03	0.03	0.05	0.03	0.03	0.03
5	0.03	0.03	0.03	0.03	0.03	0.03	0.11
6	0.03	0.03	0.03	0.04	0.03	0.03	0.04
7	0.03	0.03	0.03	0.04	0.04	0.03	0.04
8	0.03	0.03	0.03	0.03	0.03	0.03	0.03
9	0.03	0.03	0.03	0.09	0.03	0.03	0.09
10	0.03	0.03	0.03	0.03	0.03	0.03	0.03
11	0.03	0.03	0.03	0.04	0.03	0.03	0.09
12	0.03	0.03	0.03	0.03	0.03	0.03	0.03
13	0.03	0.03	0.03	0.03	0.03	0.03	0.09
14	0.03	0.03	0.03	off	off	off	0.03
15	off	off	off	0.03	0.03	0.03	0.06
16	0.03	0.03	off	0.02	0.02	0.02	0.07
17	0.02	0.02	0.02	0.02	0.02	0.08	0.08
18	0.08	off	off	0.03	0.02	0.02	0.14
19	0.02	0.02	0.02	0.02	0.02	0.02	0.02
20	0.02	0.02	0.02	0.03	0.03	0.03	0.07
21	0.03	0.03	0.03	0.03	0.03	0.03	0.03
22	0.03	0.03	0.03	0.03	0.03	0.03	0.09
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03
24	0.03	0.03	0.03	0.03	0.03	0.03	0.08
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03
26	0.03	0.03	off	0.03	0.03	0.03	0.09
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03
28	0.03	0.03	off	0.03	0.03	0.03	0.08
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03
30	off	off	off	0.05	0.03	off	0.12
31							

Conventional or Direct Filtration	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes
All 4-hour turbidity readings ≤ 1 NTU?	Yes
All turbidity readings < IFE[2] triggers	Yes

Monthly Summary (Answer Yes or No)	
CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	Yes

Notes:

PRINTED NAME: Kevin Turner

SIGNATURE: Kevin Turner **DATE:** Sep 2025

PHONE #: (971) 246 6189 **CERT #:** 09379

[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)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :	A
Disinfection *Giardia* Log Inactive:	1

System Name:	City of Scappoose	ID#: 41	0792	Month/Year:	25-Sep

Date / Time	Minimum Cl_2 Residual at 1st User (**C**) [3]	Contact Time (**T**)	Actual CT	Temp	pH	Required CT	CT Met? [3]	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	**C X T**	[° C]		formula	Yes / No	[GPM]
9/1 0800	0.955	131	125.1	16.3	8.38	41.4	YES	1171
9/2 0800	0.915	193	176.6	16.3	8.18	38.3	YES	813
9/3 0600	0.98	209	204.8	17.2	8.14	35.8	YES	922
9/4 0745	0.929	94	87.3	17.0	8.07	35.1	YES	2598
9/5 0500	0.901	254	228.9	16.8	8.11	36.0	YES	985
9/6 0515	0.891	239	212.9	16.3	8.20	38.5	YES	1058
9/7 0845	0.862	126	108.6	16.3	8.29	39.6	YES	1729
9/8 2000	0.872	260	226.7	16.8	8.41	40.1	YES	926
9/9 0745	0.872	90	78.5	17.7	8.31	36.4	YES	2561
9/10 0600	0.854	216	184.5	16.8	8.17	36.6	YES	1181
9/11 0845	0.872	158	137.8	15.1	8.06	39.5	YES	1599
9/12 0500	0.835	187	156.1	16.5	7.90	33.8	YES	1272
9/13 0600	0.863	227	195.9	15.7	7.90	35.7	YES	1061
9/14 0945	0.835	303	253.0	15.6	7.50	30.9	YES	844
9/15 1130	0.917	153	140.3	16.0	7.90	35.2	YES	1644
9/16 1215	0.905	150	135.8	15.8	7.80	34.4	YES	1678
9/17 1230	0.902	148	133.5	15.8	7.90	35.6	YES	1719
9/18 0545	0.899	197	177.1	15.0	7.90	37.6	YES	1225
9/19 1050	0.904	144	130.2	15.7	7.90	35.9	YES	1749
9/20 0700	0.89	301	267.9	15.8	8.00	36.9	YES	818
9/21 1415	0.92	268	246.6	14.7	8.10	41.4	YES	1018
9/22 0600	0.87	224	194.9	15.4	8.10	39.3	YES	1131
9/23 0600	0.83	230	190.9	14.8	8.10	40.7	YES	1072
9/24 1115	0.86	88	75.7	15.6	8.10	38.7	YES	2607
9/25 0515	0.8	173	138.4	15.5	8.30	41.7	YES	1240
9/26 1045	0.8	144	115.2	15.1	8.30	42.8	YES	1658
9/27 0600	0.77	267	205.6	15.0	8.48	45.8	YES	909
9/28 0445	0.75	197	147.8	14.5	8.60	49.4	YES	1063
9/29 0515	0.76	398	302.5	15.3	8.80	50.5	YES	665
9/30 1100	0.68	312	212.2	16.2	7.90	33.8	YES	777

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350