

**OHA - Drinking Water Services -Turbidity Monitoring Report Form**
**Conventional or Direct Filtration**
**County:** Columbia

**Month/Year:** Oct-25

<b>System Name:</b> City of Scappoose		<b>ID#:</b> 41		<b>00792</b>		<b>WTP :</b> TP -	<b>A</b>
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	0.03	off	off	0.10
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	
31	off	off	off	off	off	off	
<b>Conventional or Direct Filtration</b>						<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?			<b>Yes</b>	CT's met everyday? (see back)		All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l?	
All 4-hour turbidity readings $\leq$ 1 NTU?				Yes		Yes	
All turbidity readings < IFE <sup>2</sup> triggers				Yes		Yes	
<b>Notes:</b>						PRINTED NAME: Kevin Turner	
						SIGNATURE: <i>Kevin Turner</i>	10/6/2025
						PHONE #: (971-246-6189)	CERT #: 09379

<sup>1</sup> 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 Quality Data Form

WTP - :	A
Disinfection <i>Giardia</i> Log Inactiv:	1.0

System Name:	City of Scappoose	ID#: 4100792	Month/Year	Oct-25	
--------------	-------------------	--------------	------------	--------	--

Date	Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
		[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	9:45	0.82	117	96.0	15.1	8.14	40.4	Yes	1738
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2013