

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Clatsop

Conventional or Direct Filtration

Month/Year: Jan-26

Day	24:00 [NTU]	04:00 [NTU]	08:00 [NTU]	12:00 [NTU]	16:00 [NTU]	20:00 [NTU]	Highest Reading of the Day [NTU]
1	OFF	OFF	0.03	0.02	OFF	0.01	0.03
2	OFF	OFF	0.05	0.02	0.03	OFF	0.05
3	OFF	OFF	OFF	OFF	0.04	OFF	0.04
4	0.09	OFF	OFF	OFF	0.02	0.02	0.09
5	0.02	0.02	0.02	0.01	0.02	0.02	0.02
6	0.01	0.02	0.02	0.02	0.02	0.02	0.02
7	0.02	0.02	OFF	0.02	0.02	0.02	0.02
8	0.02	0.02	OFF	OFF	OFF	0.02	0.02
9	0.02	0.02	0.02	0.05	OFF	OFF	0.05
10	0.02	OFF	0.02	0.02	0.03	OFF	0.03
11	OFF	0.02	0.02	OFF	OFF	0.02	0.02
12	0.02	0.09	0.02	0.02	0.01	0.02	0.09
13	0.02	0.02	0.02	0.03	0.02	OFF	0.03
14	0.03	0.02	OFF	OFF	0.02	0.02	0.03
15	0.02	0.02	OFF	OFF	0.02	0.02	0.02
16	0.03	0.02	0.02	0.05	OFF	OFF	0.05
17	0.02	0.02	0.02	0.02	0.02	0.04	0.04
18	0.02	0.02	0.02	0.02	OFF	OFF	0.02
19	OFF	0.02	0.02	OFF	OFF	0.02	0.02
20	0.03	0.02	0.02	OFF	0.02	0.02	0.03
21	0.03	0.02	OFF	0.02	OFF	0.03	0.03
22	0.02	0.04	OFF	0.02	0.02	0.02	0.04
23	0.02	OFF	OFF	0.02	0.10	OFF	0.10
24	OFF	OFF	OFF	0.03	OFF	0.03	0.03
25	0.02	0.02	OFF	OFF	OFF	0.06	0.06
26	OFF	OFF	0.03	0.02	0.05	0.02	0.05
27	0.03	0.02	0.02	OFF	OFF	OFF	0.03
28	0.06	0.03	0.02	OFF	0.02	0.02	0.06
29	0.02	0.02	0.02	0.02	0.02	0.02	0.02
30	0.02	0.05	0.01	0.03	0.01	OFF	0.05
31	0.02	0.01	OFF	0.04	0.01	0.02	0.04

Monthly Summary (Answer Yes or No)

05% of 4-hour turbidity readings $\leq$ 0.3 NTU? <b>yes</b>	CT's met everyday? (see back) <b>yes</b>	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <b>yes</b>
All 4-hour turbidity readings $\leq$ 1 NTU? <b>yes</b>		
All turbidity readings $<$ IFE <sup>2</sup> triggers <b>yes</b>		
Notes:	Printed Name: <b>Denise Lohnd</b>	
	SIGNATURE: <b>Denise Lohnd</b>	
	Phone: <b>503-825-9968</b>	CERT# <b>2853</b>

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM correspond to continuous readings' maximum. <sup>2</sup> IFE = Individual Filter Eff. (333-061-0040)(1)(d)(B&C)

OHA - Drinking Water Program - Surface Water Quality Data Form

System Name: Georgia Pacific CPLP Wauna ID #: OR4180416 Month/Year: Jan-26							WTP -: A	
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	Disinfection Glacrate Log Inactive:	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.54	110	169.4	8.4	7.42	54.0	yes	73
2	1.37	110	150.7	7.9	7.54	57.0	yes	72
3	1.38	110	151.8	7.8	7.56	59.0	yes	64
4	1.51	110	166.1	7.9	7.45	60.0	yes	89
5	1.52	110	167.2	7.9	7.43	61.0	yes	89
6	1.48	110	162.8	7.5	7.57	61.0	yes	76
7	1.49	110	163.9	7.2	7.59	63.0	yes	79
8	1.54	110	169.4	7.1	7.59	63.0	yes	78
9	1.60	110	176.0	7.3	7.59	63.0	yes	86
10	1.52	110	167.2	7.8	7.55	58.0	yes	73
11	1.49	110	163.9	7.7	7.57	59.0	yes	73
12	1.48	110	168.2	8.2	7.43	69.0	yes	88
13	1.20	110	163.9	8.7	7.44	58.0	yes	90
14	1.39	110	152.9	7.8	7.59	59.0	yes	84
15	1.41	110	155.1	7.5	7.60	63.0	yes	81
16	1.38	110	151.8	7.6	7.60	60.0	yes	79
17	1.44	110	158.4	7.5	7.70	64.0	yes	84
18	1.38	110	151.8	7.3	7.70	64.0	yes	79
19	1.50	110	165.0	7.0	7.70	65.0	yes	76
20	1.47	110	161.7	6.7	7.74	67.0	yes	75
21	1.51	110	166.1	6.5	7.70	67.0	yes	78
22	1.38	110	151.8	6.5	7.69	67.0	yes	81
23	1.35	110	148.5	6.5	7.68	67.0	yes	71
24	1.23	110	135.3	6.2	7.67	71.0	yes	64
25	1.28	110	140.8	6.0	7.70	67.0	yes	67
26	1.32	110	145.2	5.9	7.68	67.0	yes	66
27	1.32	110	145.2	6.0	7.72	69.0	yes	73
28	1.28	110	140.8	6.9	7.48	69.0	yes	71
29	1.57	110	172.7	7.0	7.49	70.0	yes	92
30	1.51	110	166.1	7.0	7.76	67.0	yes	74
31	1.50	110	165.0	7.0	7.77	67.0	yes	67

<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 2016-8 PAX