

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

System Name: VERNONIA, CITY OF ID #: OR4100922 WTP:-WTP-A Month/Year: March 2021

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1	off	off	.03	off	.04	off	.18
2			.03	.03	off	off	.03
3			off	off	.03	.03	.14
4			off	off	off	off	.03
5			.05	.04	off		.15
6			.03	.03			.15
7			off	.04			.04
8			.04	.04			.15
9			.04	.03	✓		.04
10			off	off			.09
11			.04	.03	.04		.10
12			.04	.04	off		.13
13			.03	.04	↓		.20
14			off	.03	↓		.07
15			.03	.04	.03		.11
16			.03	.03	off		.17
17			.04	.04	↓		.13
18			.03	.04	↓		.19
19			.03	.04	↓		.15
20			.04	.04	.03		.15
21			off	.05	off		.17
22			.03	.03	off		.14
23			off	.04	.03		.12
24			.03	.03	off		.13
25			.03	.03	↓		.16
26			.04	.04	↓		.10
27			off	.05	.03		.20
28			.03	.03	off		.03
29			off	.03	.03		.14
30	✓	✓	.03	.05	.04	✓	.15
31			.03	.03	off		.03

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		
All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No <sup>2</sup>		
Notes: Highest NTU of Day is Right Before A BW	PRINTED NAME: Jeff Burch	
	SIGNATURE: Jeff Burch	DATE: 4-5-21
	PHONE #: (503) 429-6921	CERT #: 6094

<sup>1</sup> Including continuous turbidity 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. (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

VERNONIA, CITY OF ID #: OR410092X WTP.: WTP-A Month/Year:

March 2021

Required Log Inactivation: 0.5

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1 10:10am	2.2	26	57	10	7.3	47	Yes	720
2 11:20am	2.1		55	11	7.3	44	Yes	
3 13:30pm	2.1		55	11	7.3	44	Yes	
4 14:45pm	2.2		57	9	7.3	51	Yes	
5 11:45pm	2.0		52	9	7.3	50	Yes	
6 12:00pm	2.0		52	10	7.4	48	Yes	
7 13:20pm	2.0		52	10	7.4	48	Yes	
8 12:30pm	2.1		55	11	7.3	44	Yes	
9 12:00pm	2.2		57	12	7.3	41	Yes	
10 12:30pm	2.3		60	12	7.3	42	Yes	
11 19:30am	2.1		55	12	7.3	41	Yes	
12 12:20pm	2.2		57	12	7.3	41	Yes	
13 11:00pm	2.4		62	10	7.3	48	Yes	
14 9:55am	2.4		62	9	7.4	54	Yes	
15 11:20pm	2.3		60	9	7.4	54	Yes	
16 11:00am	2.4		62	9	7.4	54	Yes	
17 3:00pm	2.2		57	9	7.4	52	Yes	
18 11:00pm	2.3		60	9	7.3	52	Yes	
19 12:40pm	2.2		57	9	7.3	51	Yes	
20 12:30pm	2.1		55	10	7.4	50	Yes	
21 11:40pm	2.3		60	10	7.3	48	Yes	
22 12:00pm	2.4		62	10	7.4	50	Yes	
23 11:15am	2.3		60	11	7.3	45	Yes	
24 11:40am	1.9		49	11	7.4	45	Yes	
25 12:30pm	2.0		52	11	7.4	45	Yes	
26 11:45pm	2.0		52	9	7.3	50	Yes	
27 12:00pm	2.3		60	9	7.3	52	Yes	
28 12:00pm	2.3		60	9	7.3	52	Yes	
29 11:50pm	2.2		57	9	7.4	52	Yes	
30 12:30pm	2.2		57	8	7.3	54	Yes	
31 10:58am	2.2		57	9	7.3	51	Yes	

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.