

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:

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	.05	.08	off	.24
2			.04	.05	.05	.07	.18
3			.05	.05	off	off	.21
4			.05	.04	.04	.05	.25
5			.05	.05	off	off	.05
6			.09	.04	.04		.17
7			.05	.05	.05		.20
8			.03	.04	off		.14
9			.04	.04	off		.12
10			.03	.04	off		.20
11			.04	.04	off		.20
12			.04	.05	.04		.15
13			.04	.07	.05	✓	.15
14			.04	.10	off		.12
15			.03	off	.03	.03	.15
16			.03	.03	off	off	.12
17			.05	.03	.03		.13
18			.04	.03	off		.09
19			.04	.04	.05		.19
20			.03	.03	.04	✓	.20
21			.04	.03	.03		.17
22			.03	.03	.03	.08	.17
23			.03	.04	.04	.05	.15
24			off	off	.03	off	.15
25			.03	.05	.05	.04	.12
26			off	.05	.03	.03	.20
27			.03	.04	.05	.04	.10
28			.04	.05	.05	off	.14
29			.04	.05	.05	.12	.15
30	✓	✓	.04	.04	.04	off	.16
31							

Conventional or Direct Filtration 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / No All the 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / No All turbidity readings < IFE <sup>2</sup> triggers? <input checked="" type="checkbox"/> Yes / No <sup>2</sup>	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residuals at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes: Highest NTU of the Day is Right Before a BW	PRINTED NAME: Jeff Burch	
	SIGNATURE: <i>Jeff Burch</i>	DATE: 7-7-21
	PHONE #: (503) 429-6921	CERT #: 6091

<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: June 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 1:30 pm	1.5	26	39	21	7.5	22	Yes	720
2 2:45 pm	1.5		39	23	7.5	19	Yes	
3 3:30 pm	1.4		36	21	7.4	21	Yes	
4 9:00 am	1.9		49	21	7.4	23	Yes	
5 11:20 am	1.9		49	20	7.4	24	Yes	
6 11:00 am	1.9		49	20	7.4	24	Yes	
7 12:00 pm	1.7		44	14	7.4	35	Yes	
8 3:20 pm	1.7		44	16	7.4	30	Yes	
9 3:30 pm	2.0		52	14	7.4	35	Yes	
10 11:20 am	1.9		49	15	7.4	32	Yes	
11 1:30 pm	1.7		44	14	7.4	35	Yes	
12 1:40 pm	1.7		44	15	7.5	33	Yes	
13 11:20 pm	1.7		44	18	7.4	27	Yes	
14 12:00 pm	1.5		39	16	7.4	29	Yes	
15 1:30 pm	1.9		49	16	7.3	30	Yes	
16 12:00 pm	1.6		42	17	7.4	28	Yes	
17 12:15 pm	1.6		42	18	7.5	27	Yes	
18 11:15 pm	1.5		39	19	7.4	25	Yes	
19 12:40 pm	1.6		42	19	7.4	25	Yes	
20 11:30 am	1.4		36	21	7.5	22	Yes	
21 3:30 pm	1.4		36	22	7.5	20	Yes	
22 3:45 pm	1.4		36	23	7.5	19	Yes	
23 3:30 pm	1.4		36	23	7.4	18	Yes	
24 15:15 pm	1.6		42	23	7.5	19	Yes	
25 12:45 pm	1.6		42	22	7.4	20	Yes	
26 3:15 pm	1.6		42	25	7.4	15	Yes	
27 11:20 am	1.6		42	25	7.3	15	Yes	
28 11:00 am	1.6		42	26	7.4	15	Yes	
29 11:20 am	1.5		39	26	7.3	15	Yes	
30 12:00 am	1.6	X	42	26	7.4	15	Yes	V
31 /								

<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.