

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: June 2022

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	.05	.03	off	off	.14
2			.03	.03	off		.04
3			.04	.03	.03		.17
4			.03	.04	off		.20
5			.03	.03			.20
6			.06	.04			.18
7			.04	.05			.18
8			.04	.05			.06
9			.03	.04			.15
10			.04	.05			.07
11			.07	.05			.15
12			.04	.04			.19
13			.04	.05			.15
14			.04	.03			.04
15			.03	.05			.15
16			.05	.05			.17
17			.04	.04			.04
18			.03	.05			.14
19			off	.04	↓		.05
20			.03	.06	.06		.09
21			.04	.05	off		.05
22			.05	.05	↑		.05
23			.05	.03			.12
24			.03	.04	↓		.10
25			.04	.04	↓		.25
26			.05	.05	.05		.09
27			.05	.04	.09		.17
28			.04	.03	off		.11
29	↓	↓	.05	.05	off		.20
30		↓	.04	.04	.05	↓	.15
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 ² triggers? <input checked="" type="checkbox"/> Yes / No ²		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No All Cl ₂ 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> PHONE #: (303) 429-6921 DATE: 7-6-22 CERT #: 6091	

¹ 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. ² IFE = Individ. Filter Eff. (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

VERNONIA, CITY OF ID #: OR4100922 WTP-: WTP-A Month/Year: June 2022

Required Log Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[° C]		Use tables	Yes / No	[GPM]
1 8:30 AM	1.9	34	65	13	7.3	37	Yes	605
2 11:00 AM	1.9	↑	65	13	7.4	38	Yes	↓
3 1:00 PM	1.9	↑	65	13	7.3	37	Yes	↓
4 1:30 PM	1.9	↑	65	15	7.3	31	Yes	↓
5 2:00 PM	1.8	↑	61	15	7.4	32	Yes	↓
6 12:00 PM	1.8	↑	61	15	7.4	32	Yes	↓
7 3:30 PM	1.8	↑	61	15	7.5	33	Yes	↓
8 4:00 PM	1.7	↑	58	15	7.4	32	Yes	↓
9 11:00 AM	1.6	↑	54	14	7.4	34	Yes	↓
10 12:00 PM	1.6	↑	54	14	7.3	33	Yes	↓
11 1:00 PM	1.8	↑	61	14	7.4	35	Yes	↓
12 1:00 PM	1.8	↑	61	15	7.4	32	Yes	↓
13 1:00 PM	1.7	↑	58	14	7.4	35	Yes	↓
14 1:00 PM	1.7	↑	58	15	7.4	32	Yes	↓
15 1:00 PM	1.7	↑	58	14	7.4	35	Yes	↓
16 1:30 PM	1.7	↑	58	15	7.4	32	Yes	↓
17 2:00 PM	1.6	↑	54	14	7.3	33	Yes	↓
18 3:30 PM	1.8	↑	61	14	7.5	36	Yes	↓
19 11:00 AM	1.6	↑	54	14	7.3	33	Yes	↓
20 11:00 AM	1.6	↑	54	14	7.4	34	Yes	↓
21 11:00 AM	1.8	↑	61	14	7.4	36	Yes	↓
22 1:30 PM	1.6	↑	54	15	7.5	32	Yes	↓
23 3:00 PM	1.6	↑	54	16	7.5	30	Yes	↓
24 2:45 PM	1.7	↑	58	16	7.5	31	Yes	↓
25 12:00 PM	1.5	↑	51	16	7.4	29	Yes	↓
26 1:15 PM	1.5	↑	51	16	7.4	29	Yes	↓
27 12:00 PM	1.6	↑	54	19	7.5	26	Yes	↓
28 12:00 PM	1.7	↑	58	19	7.4	26	Yes	↓
29 11:00 AM	1.7	↑	58	19	7.4	26	Yes	↓
30 1:00 PM	1.7	↓	58	19	7.4	26	Yes	↓
31 /								

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.