

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: NOV 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	.04	.04	off	off	.23
2			.04	.04	↓		.20
3			.04	.05	↓		.17
4			.04	.05	.05		.22
5			.05	.07	off		.17
6			off	.05	.06		.14
7			.05	.05	off		.16
8			.05	.07	↓		.15
9			off	.06			.15
10			.06	.04			.23
11			.05	.04			.14
12			.05	.04			.20
13			.04	.04			.18
14			.05	.03			.18
15			.04	.04			.23
16	↓		off	.04	↓		.15
17	↓		.04	.05	↓		.15
18			.07	off	.03		.18
19			.04	.03	off		.27
20			off	.03	.04		.25
21			.03	.05	off		.19
22			.03	.15	↓		.18
23			.03	.04	↓		.23
24			.03	.06	.05		.25
25			.04	.03	off		.15
26			off	.03	.03		.13
27			.04	.03	.05		.15
28			.04	.06	off		.15
29	↓	↓	.05	.03	↓	↓	.18
30	↓	↓	off	.05	↓	↓	.19
31							

Conventional or Direct Filtration 95% of the 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All the 4-hour turbidity readings ≤ 1.0 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>	Monthly Summary (Answer Yes or 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	
Notes: Highest NTU of the Day is Right Before a BX	PRINTED NAME: <u>Jeff Burch</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>12-5-22</u>
	PHONE #: <u>(503) 429-6921</u>	CERT #: <u>6091</u>

<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 = Indiv/d. 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: NOV. 2022

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>a</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1 / 11:20 am	1.6	34	54	10	7.3	45	Yes	605
2 / 1:00 pm	1.5		51	9	7.4	49	Yes	
3 / 11:50 am	1.6		54	9	7.3	48	Yes	
4 / 1:00 pm	1.7		58	11	7.3	43	Yes	
5 / 3:00 pm	1.7		58	11	7.3	43	Yes	
6 / 1:00 pm	1.7		58	11	7.3	43	Yes	
7 / 2:00 pm	1.8		61	10	7.3	46	Yes	
8 / 12:00 pm	1.8		61	10	7.3	46	Yes	
9 / 3:00 pm	1.9		65	9	7.3	50	Yes	
10 / 1:00 pm	1.9		65	8	7.4	55	Yes	
11 / 8:30 am	2.0		68	8	7.4	55	Yes	
12 / 2:00 pm	2.0		68	8	7.3	53	Yes	
13 / 9:00 am	2.0		68	7	7.3	56	Yes	
14 / 11:45 am	2.1		71	7	7.3	57	Yes	
15 / 10:00 am	2.1		71	5	7.3	63	Yes	
16 / 3:00 pm	2.1		71	5	7.3	63	Yes	
17 / 12:10 pm	2.2		75	5	7.3	63	Yes	
18 / 3:00 pm	2.2		75	5	7.3	63	Yes	
19 / 9:30 am	2.2		75	6	7.4	62	Yes	
20 / 11:30 am	2.1		71	6	7.4	62	Yes	
21 / 10:00 am	2.0		68	7	7.4	58	Yes	
22 / 2:00 pm	2.1		71	6	7.3	60	Yes	
23 / 1:45 pm	2.0		68	9	7.5	53	Yes	
24 / 12:00 pm	2.1		71	11	7.5	48	Yes	
25 / 2:00 pm	2.0		68	12	7.4	42	Yes	
26 / 1:00 pm	2.0		68	11	7.4	45	Yes	
27 / 10:30 am	2.0		68	11	7.4	45	Yes	
28 / 1:00 pm	2.1		71	11	7.4	46	Yes	
29 / 1:00 pm	2.1		71	9	7.4	52	Yes	
30 / 11:00 am	2.1		71	8	7.4	57	Yes	
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.