

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

Name: Vernonia, City of ID# OR4100922 WTP:-WTP-A Month/Year: Dec. 2022

DAY	12 AM (NTU)	4 AM (NTU)	8 AM (NTU)	NOON (NTU)	4 PM (NTU)	8 PM (NTU)	Highest Reading of the Day ¹ (NTU)
1	off	off	off	.05	.05	.04	.17
2			.04	.03	off	off	.18
3			.04	.06	.03		.15
4			.05	.04	off		.19
5			.03	.05			.15
6			.03	.04			.17
7			.03	.04			.25
8			.03	.04	↓		.17
9			.03	.04			.20
10			.05	.04	.05		.25
11			.09	.10	.17		.29
12			.03	.03	off		.20
13			.04	.03			.16
14			.03	.04			.17
15			.03	.03			.15
16			.03	.03	↓		.15
17			.04	.10	↓		.19
18			.15	.07	.04		.19
19			.04	.05	off		.25
20			.03	.05	.05		.16
21			.03	.03	off		.10
22			.05	.05			.15
23			.07	.07	↓		.23
24			.03	.04	.05		.20
25			.04	.04	.05		.20
26			off	.05	.05		.23
27			.04	.04	.05		.17
28			.03	.03	.04		.10
29			.04	.04	off		.20
30	↓	↓	.03	.03	off	↓	.23
31			off	off	.13	↓	.24

Conventional or Direct Filtration Monthly Summary		Monthly Summary (Answer Yes or No)	
95% of the 4-hour turbidity readings < 0.3 NTU? <input checked="" type="checkbox"/> Yes / No	All the 4-hour turbidity readings < NTU? <input checked="" type="checkbox"/> Yes / 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
All turbidity reading < IFE ² triggers? <input checked="" type="checkbox"/> Yes / No ²			
Notes: Highest NTU of the day is Right Before a BW		PRINTED NAME: <u>Jeff Burch</u>	Date: <u>1-4-23</u>
		SIGNATURE: <u>Jeff Burch</u>	
		Phone # 503-429-6921	CERT# <u>6091</u>

¹ Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12AM" - "8PM" may not correspond to continuous readings' maximum.

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

OHA - Drinking Water Program - Surface Water Quality Data Form - Giardia Inactivation

Name: Vernonia, City of ID# OR4100922 WTP: Month/Year: Dec. 2022 Log Requirement: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st 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]
1/2:00pm	2.2	34	75	8	7.4	56	Yes	605
2/1:00pm	2.2	34	75	7	7.4	59	Yes	605
3/2:30pm	2.1	34	71	6	7.3	62	Yes	605
4/12:30pm	2.2	34	75	6	7.4	64	Yes	605
5/3:00pm	2.2	34	75	6	7.5	66	Yes	605
6/10:00am	2.1	34	71	7	7.4	59	Yes	605
7/1:15pm	2.1	34	71	8	7.5	58	Yes	605
8/3:00pm	2.1	34	71	8	7.5	58	Yes	605
9/2:00pm	2.0	34	68	8	7.5	57	Yes	605
10/1:30pm	2.1	34	71	8	7.4	56	Yes	605
11/12:20pm	1.9	34	65	8	7.4	55	Yes	605
12/3:00pm	2.1	34	71	9	7.5	54	Yes	605
13/1:30pm	2.0	34	68	12	7.4	42	Yes	605
14/1:45pm	1.8	34	61	10	7.5	49	Yes	605
15/3:00pm	2.1	34	71	13	7.5	41	Yes	605
16/3:00pm	2.3	34	78	7	7.4	61	Yes	605
17/1:00pm	2.5	34	85	6	7.4	65	Yes	605
18/3:00pm	2.3	34	78	6	7.4	64	Yes	605
19/9:15am	2.0	34	68	6	7.3	59	Yes	605
20/10:30am	2.1	34	71	8	7.4	56	Yes	605
21/11:00am	2.2	34	75	7	7.4	59	Yes	605
22/1:00pm	2.3	34	78	6	7.4	64	Yes	605
23/3:00pm	2.1	34	71	6	7.5	65	Yes	605
24/3:00pm	2.1	34	71	5	7.5	68	Yes	605
25/1:15pm	2.1	34	71	5	7.4	66	Yes	605
26/2:30pm	2.1	34	71	7	7.4	59	Yes	605
27/3:10pm	1.9	34	65	9	7.5	53	Yes	605
28/1:00pm	2.0	34	68	9	7.5	53	Yes	605
29/10:00am	2.2	34	75	10	7.5	51	Yes	605
30/10:00am	2.1	34	71	10	7.5	51	Yes	605
31/1:00pm	2.0	34	68	10	7.4	48	Yes	605

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours