

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

Name: Vernonia, City of ID# OR4100922 WTP:-WTP-A Month/Year: OCT. 2023

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	.04	.04	.04	off	.15
2			.05	.04	off		.14
3			.05	.04			.15
4			.04	.04			.10
5			.04	.05			.15
6			.04	.04	X		.25
7			.05	.05	.05		.20
8			off	.05	.05		.15
9			off	.04	.04		.19
10			.06	.05	off	X	.15
11	X		.10	off	.07	.07	.25
12	.05		.05	.05	.05	off	.10
13			off	.05	.05	.05	.15
14			.05	.05	off	off	.20
15			.05	.05			.05
16			.05	.05			.15
17			.04	.05			.26
18			.04	.04			.05
19			.04	.04			.20
20			.04	.04			.25
21			.04	.04			.15
22			.04	.04			.04
23			.04	.04			.25
24			.04	.04			.15
25			.04	.04			.19
26			.04	.05	X		.15
27			.07	off	.05		.20
28			.05	.05	off		.17
29			off	.06			.20
30	X	X	off	.09			.27
31	X		.12	.15	X	X	.25

Conventional or Direct Filtration Monthly Summary	Monthly Summary (Answer Yes or No)
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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 All turbidity reading < IFE ² triggers? <input checked="" type="checkbox"/> Yes / No ²	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
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Notes:	PRINTED NAME: <u>Jeff Burch</u>
	SIGNATURE: <u>[Signature]</u> Date: <u>11-8-23</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: Oct, 2023 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/	1.7	34	58	12	7.4	41	Yes	605
2/	1.7	34	58	12	7.3	40	Yes	605
3/	1.8	34	61	12	7.3	40	Yes	605
4/	1.8	34	61	14	7.3	34	Yes	605
5/	1.7	34	58	14	7.4	35	Yes	605
6/	1.8	34	61	16	7.4	30	Yes	605
7/	1.9	34	65	18	7.3	26	Yes	605
8/	1.8	34	61	19	7.4	26	Yes	605
9/	2.0	34	68	17	7.3	28	Yes	605
10/	1.9	34	65	14	7.3	34	Yes	605
11/	2.4	34	82	14	7.5	38	Yes	605
12/	1.9	34	65	13	7.6	42	Yes	605
13/	2.1	34	71	13	7.4	38	Yes	605
14/	1.7	34	58	13	7.3	37	Yes	605
15/	1.8	34	61	14	7.3	34	Yes	605
16/	2.0	34	68	14	7.3	35	Yes	605
17/	1.7	34	58	14	7.4	35	Yes	605
18/	1.8	34	61	14	7.4	35	Yes	605
19/	1.8	34	61	14	7.3	34	Yes	605
20/	1.8	34	61	14	7.3	34	Yes	605
21/	1.7	34	58	14	7.3	34	Yes	605
22/	1.7	34	58	14	7.4	35	Yes	605
23/	1.8	34	61	14	7.3	34	Yes	605
24/	1.8	34	61	14	7.3	34	Yes	605
25/	1.8	34	61	13	7.3	37	Yes	605
26/	1.8	34	61	12	7.3	40	Yes	605
27/	1.8	34	61	12	7.4	41	Yes	605
28/	1.8	34	61	10	7.4	47	Yes	605
29/	1.8	34	61	8	7.4	54	Yes	605
30/	2.1	34	71	8	7.3	54	Yes	605
31/	2.1	34	71	8	7.3	54		605

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