

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

Name: Vernonia, City of ID# OR4100922 WTP-:WTP-A Month/Year: NOV 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	088	088	.05	.04	088	088	.18
2			.04	.04			.19
3			.04	.04			.15
4			.05	.09			.25
5			.09	.11			.17
6			.03	.03			.25
7			.07	.06	.05		.25
8			088	.04	088		.15
9			.04	.04			.20
10			.04	.04			.19
11			.04	.05			.25
12			.04	.05			.10
13			.05	.04			.15
14			.04	.04			.20
15			.03	.05			.17
16			.03	.04			.17
17			.03	.04			.10
18			.03	.04			.18
19			.03	.03			.24
20			.05	.04			.25
21			.04	.04			.22
22			.04	.03			.20
23			.03	.03			.12
24			.03	.05			.15
25			.03	.03			.15
26			.03	.07			.15
27			.03	.05			.12
28			.03	.05			.17
29			.04	.04			.15
30			.03	.03			.13
31							

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 / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All CI ² residuals at entry point > 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All turbidity reading < IFE ² triggers? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No		

Notes: <u>Highest NTU of the day is right before a BXV</u>	PRINTED NAME: <u>Jess Burck</u>	
	SIGNATURE: <u>Jess Burck</u>	Date: <u>12-5-23</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: NOV. 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]
1/12:00pm	2.0	34	68	6	7.4	61	Yes	605
2/10:30am	1.8	34	61	7	7.5	59	Yes	605
3/12:00pm	1.8	34	61	10	7.4	47	Yes	605
4/12:00pm	2.2	34	75	12	7.4	43	Yes	605
5/10:00am	2.2	34	75	13	7.4	39	Yes	605
6/11:45am	2.1	34	71	12	7.3	41	Yes	605
7/8:00pm	2.5	34	85	12	7.3	43	Yes	605
8/9:00pm	2.5	34	85	12	7.4	45	Yes	605
9/10:00am	2.2	34	75	12	7.4	43	Yes	605
10/1:30pm	2.2	34	75	12	7.4	43	Yes	605
11/9:00am	2.2	34	75	12	7.4	43	Yes	605
12/1:00pm	2.1	34	71	12	7.4	43	Yes	605
13/10:30am	2.1	34	71	12	7.4	43	Yes	605
14/9:00am	2.1	34	71	12	7.4	43	Yes	605
15/10:00am	2.1	34	71	12	7.4	43	Yes	605
16/12:30pm	1.7	34	58	10	7.4	47	Yes	605
17/9:00am	2.0	34	68	10	7.4	48	Yes	605
18/8:30am	2.0	34	68	11	7.4	45	Yes	605
19/9:00am	2.1	34	71	11	7.3	44	Yes	605
20/10:15am	1.8	34	61	11	7.4	44	Yes	605
21/10:00am	2.0	34	68	11	7.3	43	Yes	605
22/1:00pm	1.8	34	61	10	7.4	47	Yes	605
23/12:00pm	1.7	34	58	13	7.4	38	Yes	605
24/11:00am	2.0	34	68	10	7.5	50	Yes	605
25/1:30pm	2.0	34	68	10	7.4	48	Yes	605
26/11:45am	2.2	34	75	5	7.4	66	Yes	605
27/2:30pm	2.2	34	75	4	7.4	72	Yes	605
28/9:00am	2.7	34	92	4	7.4	76	Yes	605
29/3:30pm	2.6	34	88	4	7.4	75	Yes	605
30/10:00am	2.5	34	85	5	7.4	68	Yes	605
31/		34						605

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