

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

Name: Vernonia, City of ID# OR4100922 WTP:-WTP-A Month/Year: April 2024

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	.03	.04	OFF	OFF	.14
2			.03	.05			.14
3			.03	.03			.15
4			.03	.03			.15
5			.03	.03			.12
6			.03	.03			.20
7			.03	.04			.10
8			.03	.03			.03
9			.03	.03			.13
10			.03	.09			.17
11			.03	.03			.03
12			.03	.03			.12
13			.03	.03			.17
14			.03	.03			.05
15			.04	.04			.08
16			.03	.03			.14
17			.03	.03			.13
18			.04	.05			.15
19			.03	.03			.15
20			.04	.04			.15
21			.04	.05			.09
22			.06	.03			.15
23			.04	.03			.10
24			.03	.04			.05
25			.03	.03	✓		.07
26			.04	.04	✓		.07
27			.05	.05	.05		.15
28			OFF	.05	.05		.10
29	✓	✓	.05	.05	OFF	✓	.17
30	✓	✓	.04	.04	OFF	✓	.14
31							

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="radio"/> Yes / <input type="radio"/> No	All	CT's met everyday? (see back)	All Cl ² residuals at entry point > 0.2 mg/l?
the 4-hour turbidity readings < NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		Yes / No	Yes / No
All turbidity reading < IFE ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No ²		Yes / No	Yes / No
Notes:	PRINTED NAME: <u>Jeff Burch</u>		
	SIGNATURE: <u>[Signature]</u>		Date: <u>5-7-24</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: Log Requirement: 0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ^a	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ^a	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[° C]		Use Tables	Yes / No	[GPM]
1/ 10:45	1.9	34	65	11	7.4	44	Yes	605
2/ 12:00	1.8	34	61	11	7.4	44	Yes	605
3/ 1:20	1.6	34	54	10	7.5	48	Yes	605
4/ 11:40	1.8	34	61	10	7.5	49	Yes	605
5/ 2:00	1.8	34	61	9	7.4	50	Yes	605
6/ 3:00	1.8	34	61	9	7.4	50	Yes	605
7/ 1:00	1.8	34	61	9	7.4	50	Yes	605
8/ 9:15	1.7	34	58	10	7.4	46	Yes	605
9/ 11:00	1.8	34	61	10	7.4	47	Yes	605
10/ 10:45	1.5	34	51	11	7.5	44	Yes	605
11/ 2:00	1.8	34	61	11	7.5	46	Yes	605
12/ 1:10	1.8	34	61	12	7.5	43	Yes	605
13/ 11:30	1.7	34	58	12	7.5	42	Yes	605
14/ 1:00	1.7	34	58	12	7.5	42	Yes	605
15/ 2:30	1.8	34	61	12	7.5	43	Yes	605
16/ 2:00	1.6	34	54	12	7.5	42	Yes	605
17/ 1:00	1.7	34	58	12	7.4	40	Yes	605
18/ 12:30	1.7	34	58	12	7.4	40	Yes	605
19/ 9:00	1.8	34	61	12	7.4	41	Yes	605
20/ 8:30	1.9	34	65	12	7.4	41	Yes	605
21/ 2:00	1.8	34	61	12	7.4	41	Yes	605
22/ 1:40	1.4	34	48	12	7.4	39	Yes	605
23/ 12:00	1.6	34	54	12	7.4	40	Yes	605
24/ 12:00	1.8	34	61	12	7.4	41	Yes	605
25/ 10:00	1.7	34	58	12	7.3	39	Yes	605
26/ 2:00	1.7	34	58	12	7.3	39	Yes	605
27/ 4:00	1.6	34	54	12	7.4	40	Yes	605
28/ 12:00	1.6	34	54	12	7.4	40	Yes	605
29/ 1:25	1.7	34	58	12	7.4	40	Yes	605
30/ 12:00	1.7	34	58	12	7.4	40	Yes	605
31/		34						605

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