

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

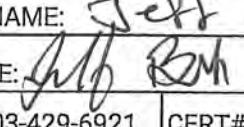
Name: Vernonia, City of ID# OR4100922 WTP:WTP-A Month/Year: Oct 2025

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

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 / <input type="checkbox"/> 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="checkbox"/> Yes / <input type="checkbox"/> No			
All turbidity reading < IFE ² triggers?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No ²		<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No

Notes:	PRINTED NAME: Jeff Burch			
	SIGNATURE: 	Date: 11-10-25		
	Phone # 503-429-6921	CERT# 6091		

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: <u>OCT. 2025</u>		Log Requirement: 0.5						
Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp [°C]	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T			Use Tables	Yes / No	[GPM]
1/9:30am	1.4	34	48	15	7.5	31	Yes	605
2/9:40am	1.3	34	44	15	7.4	30	Yes	605
3/2:00pm	1.3	34	44	15	7.3	29	Yes	605
4/11:30am	1.3	34	44	14	7.3	32	Yes	605
5/2/10pm	1.4	34	48	14	7.4	34	Yes	605
6/1:35pm	1.5	34	51	14	7.3	33	Yes	605
7/10:00pm	1.5	34	51	13	7.5	38	Yes	605
8/9:00pm	1.5	34	51	12	7.5	42	Yes	605
9/1:30pm	1.5	34	51	13	7.5	38	Yes	605
10/12:30pm	1.5	34	51	12	7.3	39	Yes	605
11/2:00pm	1.5	34	51	10	7.3	45	Yes	605
12/2:45pm	1.5	34	51	10	7.4	46	Yes	605
13/9:00pm	1.5	34	51	9	7.5	51	Yes	605
14/2:00pm	1.8	34	61	8	7.4	51	Yes	605
15/10:30am	1.4	34	48	10	7.3	44	Yes	605
16/1:55pm	1.6	34	54	10	7.3	45	Yes	605
17/1:00pm	1.6	34	54	10	7.4	48	Yes	605
18/2:30pm	1.5	34	51	11	7.5	45	Yes	605
19/10:00am	1.6	34	54	11	7.3	42	Yes	605
20/8:15am	1.7	34	58	11	7.5	45	Yes	605
21/2:30pm	1.7	34	58	11	7.3	42	Yes	605
22/10:00pm	1.6	34	54	12	7.3	39	Yes	605
23/2:00pm	1.6	34	54	12	7.3	39	Yes	605
24/9:00pm	1.6	34	54	10	7.3	45	Yes	605
25/8:15am	1.6	34	54	10	7.3	45	Yes	605
26/11:05pm	1.6	34	54	10	7.3	45	Yes	605
27/9:11am	1.6	34	54	10	7.4	48	Yes	605
28/2:30pm	1.8	34	61	10	7.4	48	Yes	605
29/1:00pm	1.7	34	58	10	7.3	45	Yes	605
30/1:00pm	1.8	34	61	9	7.3	49	Yes	605
31/12:20pm	1.8	34	61	9	7.4	50	Yes	605

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