

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

System Name: VERNONIA, CITY OF ID #: OR4100922 WTP:-WTP-A Month/Year: Aug 2021

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day [NTU]
1	off	off	.05	.05	.05	.05	.15
2	off		.05	.05	.05	.07	.15
3	.12		off	.05	.06	off	.14
4	off		.06	.06	.05	off	.15
5	.05		off	off	.05	off	.13
6			.05	.06	.06	off	.07
7			.04	.05	.05	off	.15
8			.04	.05	.04	off	.13
9			off	.04	.04	off	.15
10			.04	.04	.04	.05	.10
11			.04	.05	.04	.05	.15
12			.06	.06	.07	off	.09
13			.05	.05	.05	.08	.13
14			.05	.05	.09	off	.10
15			.04	.05	.06	.10	.20
16			off	.05	.05	.05	.10
17			off	.05	.04	off	.21
18			.04	.05	off	off	.10
19			off	.04	.04	.06	.15
20			.05	.05	.05	off	.15
21			.04	.04	.05	off	.18
22			.04	.08	.05	off	.20
23			.05	.04	.04	.04	.13
24			.04	.03	off	off	.10
25			.03	.03	.03	off	.12
26			.03	.03	.03	off	.10
27			.05	.03	.03	off	.19
28			.03	.04	.03	off	.15
29			.03	.04	.04	off	.12
30			.03	.03	.04	off	.12
31			.03	.03	.03	off	.13

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
% of the 4-hour turbidity readings \leq 0.3 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residuals at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
the 4-hour turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
turbidity readings < IFE ² triggers? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
PRINTED NAME: Jeff Burch		DATE: 9-10-21	
SIGNATURE: <i>Jeff Burch</i>		CERT #: 6091	
PHONE #: (503) 429-6921			

Including continuous turbidity data, if applicable, for optimization recording purposes. Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous readings' maximum. IFE = Indivd. Filter Effl. (OAR 333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

VERNONIA, CITY OF ID #: OR4100922 WTP: WTP-A Month/Year: Aug. 2021

Required Log Inactivation: 0.5

Date / Time	Minimum Cl ₂ Residual at 1 st 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 1/4:00pm	1.5	26	39	22	7.3	19	Yes	720
2 1/2:00pm	1.5		39	22	7.3	19	Yes	
3 3:00pm	1.1		29	22	7.3	19	Yes	
4 4:00pm	1.1		29	22	7.3	19	Yes	
5 3:00pm	1.1		29	22	7.3	19	Yes	
6 2:00pm	1.1		29	23	7.3	19	Yes	
7 1:00pm	1.1		29	22	7.3	19	Yes	
8 10:00am	1.4		36	22	7.3	19	Yes	
9 11:00am	1.4		36	22	7.3	19	Yes	
10 1:30pm	1.6		42	24	7.3	16	Yes	
11 3:00pm	1.7		44	24	7.3	17	Yes	
12 1:00pm	1.2		31	23	7.3	17	Yes	
13 8:30am	1.2		31	24	7.4	16	Yes	
14 1:00pm	1.1		29	22	7.4	19	Yes	
15 5:00pm	1.2		31	24	7.4	16	Yes	
16 4:00pm	1.4		36	24	7.3	16	Yes	
17 1:00pm	1.4		36	22	7.4	19	Yes	
18 4:00pm	1.6		42	22	7.3	19	Yes	
19 8:30am	1.5		39	22	7.3	19	Yes	
20 3:00pm	1.2		31	20	7.3	21	Yes	
21 11:45am	1.2		31	20	7.3	21	Yes	
22 2:00pm	1.5		39	20	7.3	22	Yes	
23 8:00am	1.5		39	19	7.3	24	Yes	
24 2:00pm	1.5		39	19	7.3	24	Yes	
25 12:5pm	1.5		39	19	7.3	24	Yes	
26 4:10pm	1.6		42	17	7.4	28	Yes	
27 1:00pm	1.6		42	18	7.4	26	Yes	
28 1:00pm	1.6		42	16	7.4	29	Yes	
29 1:00pm	1.7		44	16	7.3	29	Yes	
30 12:00pm	1.6		42	17	7.4	28	Yes	
31 1:30pm	1.6	✓	42	16	7.4	29	Yes	✓

³ If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWP by end of next business day.