

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Columbia

Conventional or Direct Filtration

Month/Year: Apr-22

System Name: Berndt Creek Water Corp		#OR4105737		WTP : TP -			
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1	0.02	0.02	0.02	0.02	0.02	0.02	0.03
2	0.02	0.02	0.02	0.02	0.02	0.02	0.03
3	0.02	0.02	0.02	0.02	0.02	0.02	0.03
4	0.02	0.02	0.02	0.02	0.02	0.02	0.03
5	0.02	0.02	0.03	0.03	0.02	0.02	0.04
6	0.03	0.02	0.03	0.03	0.02	0.02	0.03
7	0.02	0.04	Plant Off	0.05	0.03	0.03	0.28
8	0.02	0.02	0.05	0.02	0.02	0.02	0.05
9	0.02	0.02	0.04	0.02	0.02	0.02	0.04
10	0.02	0.02	0.03	0.02	0.02	0.02	0.03
11	0.02	0.02	0.03	0.03	0.03	0.03	0.06
12	0.03	0.04	0.04	0.03	0.03	0.03	0.05
13	0.04	0.03	0.03	0.03	0.03	0.03	0.07
14	0.03	0.03	0.03	0.03	0.03	0.03	0.05
15	0.03	0.03	0.03	0.03	0.03	0.03	0.04
16	0.03	0.02	0.03	0.03	0.02	0.02	0.04
17	0.02	0.02	0.02	0.02	0.02	0.02	0.03
18	0.02	0.02	0.02	0.02	0.02	0.02	0.05
19	0.02	0.02	0.02	0.02	0.02	0.02	0.04
20	0.02	0.02	0.02	0.02	0.03	0.03	0.03
21	0.02	0.02	0.03	0.02	0.02	0.02	0.03
22	0.02	0.02	0.02	0.02	0.02	0.02	0.03
23	0.02	0.02	0.02	0.02	0.02	0.02	0.03
24	0.02	0.02	0.02	0.02	0.02	0.02	0.03
25	0.02	0.02	0.02	0.02	0.02	0.02	0.03
26	0.02	0.02	0.02	0.02	0.02	0.02	0.04
27	0.02	0.02	0.02	0.02	0.02	0.02	0.03
28	0.02	0.02	0.02	0.02	0.02	0.02	0.03
29	0.02	0.02	0.02	0.02	0.02	0.02	0.03
30	0.02	0.02	0.03	0.02	0.02	0.02	0.03
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Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes	Yes	Yes
All turbidity readings < IFE <sup>2</sup> triggers	Yes		
Notes: Fax 971-673-0694 DWP.DMCE@state.or.us		PRINTED NAME: Joshua Allman	
		SIGNATURE: <i>Joshua Allman</i>	DATE: 5/13/22
		PHONE #: 503-367-7397	CERT #:

<sup>1</sup> Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. <sup>2</sup> IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :

System Name: Berndt Creek Water Corp

ID#: 41

05737

Month/Year:

Disinfection *Giardia*  
Log Inactivat<sup>n</sup> Req'd:

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Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Demand Flow [GPM]	
1	1.2	126	151	7.9	7.2	61	yes	68	
2	1.3	126	164	7.9	7.3	62	yes	58	
3	1.2		151	7.1	6.8	51	yes	133	
4	1.0		126	8.0	7.0	50	yes	98	
5	1.2		151	7.9	7.0	51	yes	84	
6	1.2		151	7.8	6.8	51	yes	73	
7	1.3		164	7.9	6.8	52	yes	79	
8	1.3		164	8.1	7.0	52	yes	70	
9	1.3		164	8.1	7.0	52	yes	96	
10	1.2		151	7.7	6.9	51	yes	155	
11	1.2		151	7.8	7.0	51	yes	96	
12	1.1		139	7.5	7.0	51	yes	76	
13	1.0		126	7.3	7.1	60	yes	84	
14	1.0		126	7.1	7.1	60	yes	69	
15	1.0		126	7.0	7.2	60	yes	90	
16	1.0		126	6.9	7.2	60	yes	92	
17	1.0		126	6.9	7.2	60	yes	68	
18	1.0		126	7.0	7.1	60	yes	105	
19	1.0		126	7.1	7.1	60	yes	80	
20	1.0		126	7.1	6.9	50	yes	68	
21	1.0		126	7.1	6.9	50	yes	69	
22	1.0		126	7.2	6.9	50	yes	97	
23	1.0		126	7.3	7.0	50	yes	88	
24	1.0		126	7.5	7.0	50	yes	84	
25	1.0		126	7.7	7.0	50	yes	112	
26	1.0		126	7.9	7.0	50	yes	86	
27	0.9		113	8.0	7.0	50	yes	85	
28	1.0		126	8.1	7.0	50	yes	52	
29	1.1		139	8.2	6.9	51	yes	86	
30	1.1		139	8.2	6.9	51	yes	56	
31									

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350