

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:	Columbia
Month/Year:	Oct-22

Conventional or Direct Filtration

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 ¹ [NTU]
1		0.03	0.03	0.03	0.03	0.03	0.03	0.04
2		0.03	0.03	0.03	0.03	0.03	0.03	0.03
3		0.03	0.03	0.03	0.03	0.03	0.03	0.04
4		0.03	0.03	0.03	0.03	0.03	0.03	0.04
5		0.03	0.03	0.03	0.03	0.03	0.03	0.04
6		0.03	0.03	0.03	0.03	0.03	0.03	0.04
7		0.03	0.03	0.03	0.03	0.03	0.03	0.04
8		0.03	0.03	0.03	0.03	0.04	0.04	0.04
9		0.03	0.03	0.03	0.03	0.03	0.03	0.04
10		0.03	0.03	0.03	0.03	0.03	0.03	0.04
11		0.03	0.03	0.03	0.03	0.04	0.04	0.05
12		0.04	0.04	0.04	0.04	0.04	0.04	0.06
13		0.03	0.03	0.03	0.03	0.03	0.03	0.06
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	0.05
16		0.03	0.03	0.03	0.04	0.03	0.03	0.06
17		0.03	0.03	0.03	0.03	0.03	0.03	0.05
18		0.03	0.03	0.04	0.04	0.04	0.04	0.06
19		0.03	0.03	0.03	0.03	0.04	0.04	0.04
20		0.03	0.03	0.03	0.03	0.03	0.03	0.04
21		0.03	0.03	0.03	0.03	0.03	0.03	0.04
22		0.03	0.03	0.03	0.03	0.03	0.03	0.04
23		0.03	0.03	0.05	0.03	0.03	0.03	0.05
24		0.03	0.03	0.03	0.03	0.03	0.03	0.04
25		0.03	0.03	0.03	0.03	0.03	0.03	0.04
26		0.03	0.03	0.03	0.03	0.03	0.03	0.04
27		0.03	0.03	0.03	0.03	0.03	0.03	0.05
28		0.03	0.03	0.03	0.03	0.03	0.03	0.03
29		0.03	0.03	0.03	0.03	0.03	0.03	0.04
30		0.03	0.03	0.03	0.03	0.03	0.03	0.03
31		0.03	0.03	0.03	0.03	0.03	0.03	0.03
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	
All turbidity readings < IFE ² triggers					Yes		Yes	
Notes: Fax 971-673-0694 DWP.DMCE@state.or.us							PRINTED NAME: Joshua Allman	
							SIGNATURE: <i>Joshua Allman</i>	DATE: 11/2/22
							PHONE #: 503-367-7397	CERT #:

¹ 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. ² 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:	Oct/22	Disinfection Giardia Log Inactivat ⁿ Req'd:	1
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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		formula	Yes / No	[GPM]
1	.9	126	113	16.0	7.0	25	Yes	101
2	.9	1	113	15.7	6.9	25	Yes	93
3	.9		113	15.7	6.9	25	Yes	81
4	1.0		126	15.8	6.9	25	Yes	65
5	1.0		126	15.8	6.8	25	Yes	71
6	1.0		126	15.8	6.9	25	Yes	102
7	1.0		126	15.7	7.1	30	Yes	93
8	1.03		137	15.7	6.9	25	Yes	72
9	1.1		139	15.4	6.9	25	Yes	96
10	1.0		126	15.3	7.0	25	Yes	101
11	0.85		121	15.2	7.0	25	Yes	99
12	1.1		139	14.9	7.1	45	Yes	73
13	1.1		139	14.6	7.2	45	Yes	68
14	1.1		139	14.2	7.3	45	Yes	108
15	1.1		139	14.0	7.2	45	Yes	53
16	1.0		126	13.8	2.3	45	Yes	91
17	1.15		144	12.7	7.2	45	Yes	115
18	1.02		128	13.7	7.3	46	Yes	90
19	0.87		122	13.5	7.1	45	Yes	60
20	1.14		144	13.3	7.4	46	Yes	59
21	1.08		137	13.1	7.1	45	Yes	128
22	1.10		139	12.8	7.0	37	Yes	80
23	1.02		128	12.5	7.0	37	Yes	62
24	0.94		118	12.1	6.9	37	Yes	88
25	0.86		108	11.8	6.9	37	Yes	71
26	.98		123	11.6	6.9	37	Yes	70
27	.98		123	11.4	6.8	37	Yes	71
28	.98		123	11.4	6.9	37	Yes	89
29	1.0		126	11.2	6.9	37	Yes	31
30	1.0		126	11.2	7.1	45	Yes	74
31	1.03	1	130	11.4	7.0	38	Yes	69

³ If Cl₂ 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.dmc@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350