

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Columbia

Conventional or Direct Filtration

Month/Year: Jan-23

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	0.04
3	0.03	0.03	0.03	0.03	0.03	0.03	0.03
4	0.03	0.03	0.03	0.26	0.18	0.16	0.05
5	0.11	0.08	0.05	0.06	0.04	0.04	0.11
6	0.04	0.04	0.04	0.05	0.04	0.04	0.06
7	0.04	0.03	0.03	0.03	0.03	0.03	0.04
8	0.03	0.12	0.11	0.09	0.11	0.13	0.13
9	0.11	0.08	0.07	0.09	0.11	0.09	0.11
10	0.18	0.24	0.28	0.03	0.03	0.03	0.30
11	0.03	0.03	0.04	0.03	0.03	0.03	0.29
12	0.03	0.03	0.04	0.03	0.03	0.03	0.04
13	0.03	0.03	0.03	0.03	0.03	0.03	0.04
14	0.03	0.03	0.03	0.03	0.03	0.03	0.04
15	0.03	0.03	0.03	0.03	0.03	0.03	0.04
16	0.03	0.03	0.03	0.03	0.04	0.04	0.04
17	0.03	0.03	0.04	0.03	0.03	0.03	0.04
18	0.03	0.03	0.04	0.03	0.03	0.03	0.04
19	0.03	0.03	0.03	0.03	0.03	0.03	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	0.03
22	0.03	0.03	0.03	0.03	0.03	0.03	0.04
23	0.03	0.03	0.03	0.03	0.03	0.03	0.03
24	0.03	0.03	0.03	0.03	0.03	0.03	0.03
25	0.03	0.03	0.03	0.03	0.03	0.03	0.03
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	0.04
28	0.03	0.03	0.03	0.03	0.04	0.04	0.04
29	0.03	0.03	0.03	0.03	0.03	0.03	0.03
30	0.03	0.03	0.03	0.03	0.03	0.03	0.05
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

All 4-hour turbidity readings ≤ 1 NTU?

Yes

All turbidity readings < IFE² triggers

Yes

CT's met everyday?
(see back)

Yes

All Cl₂ residual at entry point
≥ 0.2 mg/l?

Yes

Notes: Fax 971-673-0694 DWP.DMCE@state.or.us

PRINTED NAME: Joshua Allman

SIGNATURE: *Joshua Allman*

DATE: 2/6/23

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: Jan/23

Disinfection Giardia Log Inactivatⁿ Req'd:

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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Demand Flow [GPM]
1	1.18	126	149	7.1	7.0	51	yes	134
2	1.23	126	155	7.1	6.9	52	yes	103
3	1.24	126	156	7.1	7.2	62	yes	70
4	1.24	126	156	7.1	7.0	52	yes	61
5	1.18	126	149	7.1	7.0	52	yes	45
6	1.16	126	146	7.2	6.8	51	yes	92
7	1.21	126	153	7.3	6.9	52	yes	50
8	1.25	126	158	7.4	6.9	52	yes	104
9	1.25	126	158	7.4	7.0	52	yes	73
10	1.28	126	161	7.5	6.9	52	yes	67
11	1.24	126	156	7.5	6.9	52	yes	52
12	1.19	126	150	7.5	6.8	51	yes	60
13	1.20	126	151	7.6	6.9	51	yes	73
14	1.22	126	154	7.7	6.9	52	yes	98
15	1.12	126	147	7.9	7.0	51	yes	103
16	1.13	126	142	7.8	7.1	61	yes	53
17	1.02	126	129	7.9	6.9	51	yes	61
18	1.16	126	148	7.9	7.0	51	yes	59
19	1.13	126	142	7.9	7.0	51	yes	74
20	1.12	126	141	7.9	7.0	51	yes	104
21	1.12	126	141	7.9	7.0	51	yes	82
22	1.11	126	140	7.8	7.0	50	yes	99
23	1.15	126	146	7.7	7.0	50	yes	82
24	1.15	126	146	7.7	7.0	50	yes	78
25	1.11	126	140	7.8	6.8	52	yes	65
26	1.07	126	130	7.7	6.4	51	yes	76
27	1.07	126	130	7.7	6.4	51	yes	98
28	1.08	126	132	7.6	7.0	50	yes	77
29	1.08	126	132	7.5	7.0	50	yes	91
30	1.09	126	142	7.4	7.0	51	yes	84
31	1.09	126	142	7.3	7.0	50	yes	105

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