

## OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:	Columbia
Month/Year:	Jun-23

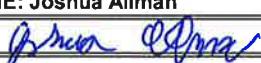
## Conventional or Direct Filtration

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 <sup>1</sup> [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	0.04
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	0.05
8	0.03	0.03	0.03	0.03	0.03	0.03	0.05
9	0.03	0.03	0.03	0.03	0.03	0.03	0.05
10	0.03	0.03	0.03	0.03	0.03	0.03	0.06
11	0.03	0.03	0.03	0.03	0.03	0.03	0.06
12	0.03	0.03	0.03	0.03	0.03	0.03	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	0.07
15	0.03	0.03	0.03	0.03	0.03	0.03	0.05
16	0.03	0.03	0.03	0.03	0.04	0.04	0.07
17	0.03	0.03	0.03	0.03	0.03	0.03	0.05
18	0.03	0.03	0.03	0.03	0.03	0.03	0.07
19	0.03	0.03	0.03	0.03	0.06	0.06	0.06
20	0.03	0.03	0.03	0.03	0.03	0.03	0.06
21	0.03	0.03	0.03	0.03	0.03	0.03	0.05
22	0.03	0.03	0.03	0.03	0.03	0.03	0.04
23	0.04	0.05	0.05	0.06	0.06	0.06	0.15
24	0.04	0.04	0.04	0.04	0.03	0.03	0.07
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	0.05
27	0.03	0.04	0.03	0.03	0.03	0.03	0.05
28	0.03	0.04	0.03	0.03	0.03	0.03	0.05
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	0.04
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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
All turbidity readings < IFE <sup>2</sup> triggers	Yes				

Notes: Fax 971-673-0694 DWP.DMCE@state.or.us	PRINTED NAME: Joshua Allman
SIGNATURE: 	DATE: 2/5/23
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:	June/2023	Disinfection Log Inactivat <sup>n</sup> Req'd:	1
Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.06	126	134	14.6	7.3	46	Yes	201
2	1.06		134	14.5	7.3	46	Yes	127
3	1.12		141	15.1	7.1	30	Yes	96
4	1.08		136	15.1	7.3	31	Yes	110
5	1.01		127	15.6	7.3	31	Yes	114
6	1.03		130	15.5	7.1	31	Yes	77
7	0.98		124	16.3	7.1	30	Yes	131
8	0.91		115	16.5	7.1	30	Yes	61
9	0.84		106	16.7	7.2	30	Yes	84
10	0.98		124	16.2	7.1	30	Yes	71
11	0.89		112	15.9	7.0	25	Yes	108
12	0.89		112	16.7	7.1	30	Yes	100
13	0.82		106	17.0	7.2	30	Yes	57
14	0.82		106	17.6	7.2	30	Yes	67
15	0.84		106	17.6	7.2	30	Yes	61
16	0.89		106	17.5	7.2	31	Yes	93
17	0.89		106	17.4	7.2	30	Yes	91
18	0.89		106	17.2	7.2	30	Yes	84
19	0.89		106	16.5	7.2	30	Yes	100
20	1.0		127	16.3	7.3	31	Yes	57
21	1.1		136	15.7	7.3	31	Yes	118
22	1.1		136	15.2	7.2	30	Yes	113
23	1.1		136	16.4	7.2	30	Yes	64
24	1.1		136	17.5	7.4	32	Yes	128
25	1.1		136	17.8	7.4	32	Yes	178
26	1.1		136	18.2	7.3	31	Yes	67
27	1.1		136	18.4	7.2	31	Yes	136
28	1.1		136	18.5	7.1	31	Yes	77
29	1.1		136	18.8	7.0	26	Yes	150
30	1.1		136	19.0	7.0	26	Yes	73
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<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.dmc@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350