

OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County:	Columbia
Month/Year:	Nov-23

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	0.07	0.09	0.09	0.13
2	0.07	0.05	0.04	0.02	0.02	0.02	0.08
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	0.02	0.02	0.05	0.05	0.05
6	0.03	0.02	0.02	0.02	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	0.05
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	0.04	0.03	0.03	0.05
12	0.03	0.03	0.03	0.03	0.04	0.04	0.05
13	0.03	0.03	0.03	0.03	0.03	0.03	0.05
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	0.04	0.03	0.03	0.03	0.05
17	0.03	0.03	0.03	0.03	0.03	0.03	0.04
18	0.03	0.03	0.03	0.03	0.03	0.03	0.05
19	0.03	0.03	0.03	0.03	0.04	0.04	0.09
20	0.06	0.04	0.03	0.06	0.04	0.04	0.07
21	0.04	0.03	0.03	0.05	0.03	0.03	0.06
22	0.02	0.02	0.02	0.03	0.02	0.02	0.04
23	0.02	0.02	0.02	0.02	0.02	0.02	0.08
24	0.03	0.02	0.02	0.03	0.02	0.02	0.05
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	0.03
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	0.02	0.02	0.02	0.02	0.03
							██████████

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings \leq 0.3 NTU?

Yes

CT's met everyday?
(see back)All Cl₂ residual at entry point
 \geq 0.2 mg/l?All 4-hour turbidity readings \leq 1 NTU?

Yes

Yes

Yes

All turbidity readings < IFE² triggers

Yes

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

PRINTED NAME: Joshua Allman

SIGNATURE: *Joshua allman*DATE: *12/6/23*

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:	<i>Nov, 2013</i>	Disinfection Giardia Log Inactivat ⁿ Req'd:	1
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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	0.4	126	113	7.7	6.8	50	Yes	162
2	1.1	1	139	7.7	6.3	42	Yes	168
3	1.0		139	8.3	6.9	52	Yes	112
4	1.0		139	8.9	6.9	52	Yes	139
5	1.0		139	9.3	6.7	49	Yes	127
6	0.9		113	9.8	6.8	50	Yes	92
7	0.8		112	10.1	7.0	50	Yes	85
8	0.8		112	11.2	6.8	50	Yes	106
9	0.9		113	11.1	6.8	50	Yes	92
10	0.9		113	11.0	7.2	55	Yes	162
11	0.9		113	11.1	7.2	55	Yes	96
12	0.9		113	11.2	7.2	55	Yes	120
13	1.0		126	11.1	7.1	45	Yes	92
14	.9		113	10.9	7.1	45	Yes	95
15	.8		101	10.9	7.1	44	Yes	100
16	.8		101	10.8	7.1	44	Yes	78
17	.8		101	10.6	7.1	44	Yes	100
18	.9		113	10.5	7.0	37	Yes	97
19	1.2		151	10.3	7.0	38	Yes	126
20	1.2		151	10.2	7.1	46	Yes	108
21	1.2		151	10.1	7.0	38	Yes	102
22	0.97		122	10.1	7.0	37	Yes	105
23	1.07		135	10.1	7.0	37	Yes	116
24	1.13		142	9.8	6.6	50	Yes	98
25	1.06		134	9.6	6.8	50	Yes	84
26	1.1		139	9.0	6.8	51	Yes	167
27	1.2		151	9.1	6.9	51	Yes	104
28	1.1		139	9.0	7.0	51	Yes	100
29	1.3		163	8.9	6.9	52	Yes	114
30	1.2		151	8.9	6.9	51	Yes	110
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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