

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:	Columbia
Month/Year:	Aug-24

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	0.08	0.08	0.08	0.07	0.08	0.08	0.08
2	0.07	0.07	0.08	0.08	0.08	0.08	0.08
3	0.06	0.07	0.07	0.07	0.07	0.07	0.07
4	0.08	0.08	0.08	0.08	0.08	0.08	0.08
5	0.08	0.08	0.07	0.07	0.07	0.07	0.08
6	0.07	0.06	0.06	0.06	0.06	0.06	0.07
7	0.07	0.07	0.07	0.07	0.07	0.07	0.07
8	0.07	0.08	0.08	0.08	0.08	0.08	0.08
9	0.07	0.07	0.07	0.07	0.07	0.07	0.07
10	0.08	0.08	0.08	0.10	0.10	0.12	0.12
11	0.14	0.16	0.03	0.03	0.03	0.03	0.08
12	0.04	0.05	0.04	Plant Off	0.03	0.03	0.29
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	0.06
15	0.03	0.03	0.03	0.03	0.03	0.03	0.05
16	0.03	0.03	0.03	0.03	0.03	0.03	0.05
17	0.03	0.03	0.03	0.03	0.03	0.03	0.05
18	0.03	0.03	0.06	0.04	0.04	0.04	0.07
19	0.04	0.04	0.04	0.03	0.03	0.03	0.05
20	0.03	0.03	0.03	0.03	0.03	0.03	0.05
21	0.03	0.03	0.03	0.03	0.03	0.03	0.04
22	0.03	0.03	0.03	0.04	0.03	0.03	0.04
23	0.03	0.03	0.03	0.07	0.11	0.11	0.15
24	0.15	0.16	0.12	0.10	0.10	0.10	0.18
25	0.16	0.13	0.11	0.15	0.08	0.08	0.16
26	0.04	0.04	0.03	0.04	0.03	0.03	0.04
27	0.03	0.03	0.03	0.03	0.03	0.03	0.03
28	0.03	0.03	0.03	0.09	0.12	0.12	0.13
29	0.13	0.10	0.05	0.03	0.03	0.03	0.13
30	0.03	0.03	0.03	0.03	0.03	0.03	0.03
31	0.03	0.03	0.05	0.03	0.03	0.03	0.07

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: 9/3/24
	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 Services – Surface Water Quality Data Form

Month/Year:

8/24

System Name: Bechtel Creek Water Corp		ID# 4105737		WTP				
Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM/Hr]
1/	1.12	126	141	19.7	7.0	25	Yes	124
2/	1.07	126	135	20.1	7.1	22	Yes	142
3/	0.86	126	108	21.4	7.0	18	Yes	213
4/	0.94	126	118	21.2	7.1	22	Yes	112
5/	0.94	126	118	21.1	7.1	22	Yes	150
6/	0.941	126	118	20.9	7.1	22	Yes	111
7/	0.95	126	118	20.4	7.1	22	Yes	168
8/	0.95	126	118	20.8	7.1	22	Yes	126
9/	0.95	126	118	20.9	7.1	22	Yes	250
10/	0.98	126	118	20.9	7.2	22	Yes	115
11/	0.98	126	118	20.8	7.1	22	Yes	153
12/	0.99	126	118	20.7	7.1	22	Yes	160
13/	0.80	126	108	20.9	7.1	18	Yes	95
14/	0.80	126	108	19.5	7.1	18	Yes	130
15/	0.89	126	109	19.7	7.2	19	Yes	149
16/	0.91	126	120	19.7	7.2	22	Yes	129
17/	0.91	126	120	19.6	7.0	22	Yes	100
18/	0.91	126	120	19.7	7.1	22	Yes	136
19/	0.81	126	102	19.8	7.4	29	Yes	131
20/	0.85	126	107	19.6	7.3	30	Yes	115
21/	0.86	126	108	19.6	7.2	30	Yes	135
22/	.9	126	113	19.3	7.2	30	Yes	100
23/	1.0	126	126	19.3	7.2	30	Yes	117
24/	.9	126	113	18.7	7.0	25	Yes	119
25/	.9	126	113	18.5	6.8	25	Yes	140
26/	1.0	126	126	18.5	6.8	25	Yes	124
27/	1.0	126	126	18.8	6.9	25	Yes	124
28/	1.0	126	126	18.8	6.9	25	Yes	202
29/	.9	126	113	18.5	7.0	25	Yes	129
30/	1.0	126	126	18.7	7.0	25	Yes	155
31/	0.8	126	101	18.7	7.1	29	Yes	150

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours.Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

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Return by 10th of following month by email, fax or mail to:
dwp.dmc@oha.oregon.gov; Fax 971-873-0694; or Drinking Water Services, PO Box 14350, Portland, OR

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