

OHA - Drinking Water Services - Turbidity Monitoring Report Form County:  
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Butte Creek Scout Ranch ID #:   WTP-:   Month/Year: 4/9/2021

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							
2					.19		
3					.23		
4					.22		
5					.21		
6					.2		
7					.19		
8					.19		
9					.20		
10					.19		
11					.19		
12					.19		
13					.19		
14					.17		
15					.18		
16					.17		
17					.18		
18					.17		
19					.18		
20					.18		
21					.18		
22					.19		
23					.19		
24					.19		
25					.19		
26					.20		
27					.20		
28					.20		
29					.20		
30					.20		
31					.19		

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
<b>Monthly Summary</b>			
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
<b>Notes:</b>		<b>PRINTED NAME:</b> <u>Bill Hood</u>	
		<b>SIGNATURE:</b> <u>Bill Hood</u>	<b>DATE:</b> <u>4/9/2021</u>
		<b>PHONE #:</b> <u>(503) 539-3834</u>	<b>CERT #:</b>

<sup>1</sup> Including continuous turbidity 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> Filtered systems only.

# OHA - Drinking Water Services - Surface Water Quality Data Form

System Name:

*Butte Creek Scout Ranch*

ID #:

WTP-:

Month/Year:

*4/9/2021*

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]		Use tables	Yes / No	[GPM]
1/	.5	280	140	7.5	9	97	Y	13
2/	.4	280	112	13.5	9	70	Y	6.5
3/	.4	280	112	9.5	9	93	Y	1.9
4/	.4	280	112	7	9	93	Y	3.3
5/	.4		112	6.9	9	93	Y	2.2
6/	.4		112	7.1	9	93	Y	11.6
7/	.4		112	6.9	9	93	Y	3.1
8/	.4		112	6.6	9	93	Y	7.5
9/	.4		112	6.9	9	93	Y	2.7
10/	.4		112	7	9	93	Y	11.3
11/	.4		112	6.6	9	93	Y	8.7
12/	.4		112	6.7	9	93	Y	1.9
13/	.4		112	6.8	9	93	Y	2.7
14/	.4		112	7	9	93	Y	2.6
15/	.4		112	6.3	9	93	Y	2.7
16/	.4		112	6.4	9	93	Y	13.2
17/	.5		140	6.6	9	97	Y	2.1
18/	.5		140	6.8	9	97	Y	2.1
19/	.5		140	7.3	9	97	Y	6.9
20/	.5		140	7.3	9	97	Y	5
21/	.5		140	7.2	9	97	Y	3.3
22/	.5		140	7.2	9	97	Y	9.5
23/	.5		140	7.2	9	97	Y	1.7
24/	.5		140	7	9	97	Y	3.4
25/	.5		140	7	9	97	Y	2.7
26/	.5		140	7	9	97	Y	3.2
27/	.5		140	7.5	9	97	Y	5.7
28/	.5		140	7.6	9	97	Y	5.4
29/	.5		140	7.1	9	97	Y	4.0
30/	.5		140	6.9	9	97	Y	10.0
31/	.4		112	7.2	9	93	Y	3.2

<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 September 2016

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
 dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350