


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: 5/2021

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

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of daily turbidity readings ≤ 1 NTU? ²	All daily turbidity readings ≤ 5 NTU?	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
<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	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>Bill Hood</u>	DATE: <u>6/4/2021</u>
		PHONE #: <u>(503) 539-3834</u>	CERT #:

¹ 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. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

System Name: Butte Creek Scott Ranch ID #: _____ WTP: _____ Month/Year: 5/2021

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.58	280	162	9.6	9.2	73	Y	8
2/	.54		151	10.1	9.2	73	Y	3
3/	.49		137	10.7	9.2	73	Y	5
4/	.47		131	11.1	9.2	73	Y	6
5/	.47		131	11.2	9.2	73	Y	6
6/	.49		137	11.7	9.2	73	Y	7
7/	.44		123	11.4	9.2	73	Y	5
8/	.44		123	11.1	9.2	73	Y	7
9/	.49		138	11	9.3	73	Y	9
10/	.44		123	10.6	9.3	73	Y	2
11/	.42		117	10.5	9.3	70	Y	2
12/	.44		123	10.4	9.2	73	Y	1
13/	.44		123	10.6	9.2	73	Y	7
14/	.42		117	10.9	9.3	73	Y	17
15/	.40		112	11.5	9.2	70	Y	3
16/	.40		112	11.5	9.2	70	Y	10
17/	.41		114	11.3	9.2	70	Y	3
18/	.43		120	12.2	9.2	73	Y	2
19/	.43		120	12.2	9.2	73	X	5
20/	.41		114	12.3	9.2	70	X	12
21/	.45		126	12.4	9.2	73	X	5
22/	.47		131	13.2	9.2	73	X	12
23/	.50		140	13.2	9.2	73	Y	2
24/	.53		148	13.3	9.2	73	Y	3
25/	.53		148	13.8	9.2	73	Y	3
26/	.53		148	14.1	9.2	73	Y	5
27/	.52		145	14.1	9.2	73	Y	5
28/	.52		145	14.0	9.2	73	Y	3
29/	.51		142	14.2	9.2	73	Y	8
30/	.58		162	14.2	9.2	73	Y	5
31/								

³ If Cl₂ 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

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