

9

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

System Name: Butte Creds Scout Ranch **ID #:** 4194191 **WTP-:** _____ **Month/Year:** 10/2021

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

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of daily turbidity readings ≤ 1 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ 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
Notes:		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>Bill Hood</u>	DATE: <u>11/9/2021</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 Scout Ranch

ID #:

4194191

WTP-:

Month/Year:

10/2021

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/	.40	280	112	13.2	9.4	70	Y	6.9
2/	.40	280	112	13	9.4	70	Y	2.9
3/	.42	280	112	13	9.4	70	Y	3.8
4/	.4	280	112	13	9.4	70	Y	2.0
5/	.4	280	112	13	9.4	70	Y	4.25
6/	.4	280	112	12	9.4	70	Y	3.4
7/	.4	280	112	12	9.4	70	Y	4.3
8/	.4	280	112	11	9.4	70	Y	4.3
9/	.4	280	112	12	9.4	70	Y	5.6
10/	.4	280	112	12	9.4	70	Y	4.8
11/	.4	280	112	11	9.4	70	Y	3.1
12/	.4	280	112	10	9.4	70	Y	10.8
13/	.3	280	84	9	9.5	70	Y	6.1
14/	1.0	280	280	11	9.5	78	Y	2.7
15/	1.1	280	308	15	9.6	78	Y	4.6
16/	1.1	280	308	13	9.6	78	Y	10.3
17/	1.3	280	364	15	9.6	80	Y	3.8
18/	1.4	280	392	16	9.6	82	Y	1.2
19/	1.4	280	392	16	9.6	82	Y	3.3
20/	1.4	280	392	16	9.6	82	Y	2.7
21/	1.5	280	420	16	9.6	84	Y	2.1
22/	1.5	280	420	16	9.6	84	Y	2.0
23/	1.5	280	420	15	9.6	84	Y	2.0
24/	1.5	280	420	15	9.6	84	Y	1.9
25/	1.4	280	392	15	9.6	82	Y	2.9
26/	1.3	280	364	15	9.6	82	Y	.86
27/	1.1	280	280	16	9.6	80	Y	.35
28/	.9	280	252	16	9.5	80	Y	3.8
29/	.7	280	196	16	9.5	75	Y	.9
30/	.6	280	168	15	9.5	75	Y	2
31/	.4	280	112	15	9.5	70	Y	3.8

³ 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/urb-alt-unfiltered.pdf Revised September 2016

Return by 10th 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