

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 #: *194191*

WTP-:

Month/Year: *12/21*

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

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
<b>Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	Yes/No <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?	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No	Yes/No <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: <i>Bill Hood</i>	DATE: <i>1-8-2022</i>
		SIGNATURE: <i>Bill Hood</i>	CERT #:
		PHONE #: <i>(503) 539-3834</i>	

<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 Scott Ranch*

ID #: *4194191*

WTP-:

Month/Year: *12/21*

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/	.75	280	210	10.3	9.4	75	Y	1.2
2/	.70		196	10.8	9.3	75	Y	1.6
3/	.63		176	9.1	9.3	100	Y	2.3
4/	.59		165	9	9.3	97	Y	4.9
5/	.53		148	8.5	9.3	97	Y	3.9
6/	.52		140	8.6	9.2	97	Y	2.7
7/	.47		131	9.2	9.3	97	Y	15.9
8/	.51		142	8.7	9.3	97	Y	2.3
9/	.48		134	7.9	9.3	97	Y	4.5
10/	.52		145	7.9	9.3	97	Y	3.2
11/	.45		126	8.1	9.3	97	Y	3.5
12/	.42		118	7.6	9.3	97	Y	4.8
13/	.39		109	7.2	9.3	93	Y	1.9
14/	.42		117	6.7	9.3	97	Y	3.2
15/	.64		179	6.9	9.3	97	Y	6.0
16/	.68		190	6.8	9.3	100	Y	2.4
17/	.66		184	6.9	9.3	100	Y	3
18/	.60		168	7.2	9.3	97	Y	6.2
19/	.60		168	6.7	9.3	97	Y	3.7
20/	.55		154	7.1	9.3	97	Y	2.7
21/	.53		148	6.7	9.3	97	Y	2.7
22/	.61		170	7.4	9.3	97	Y	2.2
23/	.77		215	7.4	9.3	97	Y	4.3
24/	.79		221	6.8	9.3	97	Y	2.4
25/	.73		204	6.3	9.3	97	Y	5
26/	.65		182	5.5	9.3	97	Y	8.9
27/	.48		134	5.3	9.2	97	Y	1.9
28/	.50		140	5.1	9.2	97	Y	7.4
29/	.88		246	5.8	9.3	100	Y	2.4
30/	.78		218	5.9	9.3	100	Y	3.1
31/	.75		210	6.6	9.3	100	Y	2.4

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Download form at: [public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf](http://public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf) Revised September 2016

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