

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

System Name: Butte Creek Scott Ranch ID #: 94191 WTP-: _____ Month/Year: 1/2022

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

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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No			
Notes:		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>Bill Hood</u>	DATE: <u>2/8/2022</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 Trout Ranch

ID #: 24191

WTP-:

Month/Year: 1/2022

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ ^	Contact Time (T)	Actual CT	Temp v	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/	.73	280	204.4	4.2	9.3	100	Y	5.5
2/	.74	280	207.2	4.9	9.3	100	Y	2.3
3/	.66	280	184.8	5.3	9.3	97	Y	3.6
4/	.72	280	201.6	5.3	9.3	100	X	2.5
5/	.67		187.6	5.8	9.3	100	X	2.6
6/	.63		176.4	7.0	9.3	100	X	1.7
7/	.60		168	6.6	9.3	100	Y	4.6
8/	.56		156.8	6.4	9.3	100	X	3.3
9/	.52		145.6	5.9	9.3	100	Y	2.5
10/	.50		140	6.0	9.3	97	Y	5.2
11/	.50		140	7.1	9.3	97	Y	4.0
12/	.52		145.6	7.7	9.4	97	Y	2.4
13/	.54		151.2	7.5	9.4	97	Y	2.5
14/	.55		154	7.1	9.4	97	X	2.9
15/	.55		154	6.6	9.4	97	Y	2.9
16/	.55		154	6.4	9.4	97	Y	2.5
17/	.55		154	6.4	9.4	97	Y	3.0
18/	.55		154	6.6	9.4	97	Y	2.3
19/	.54		151.2	7.1	9.4	97	X	1.9
20/	.50		140	7.6	9.4	100	Y	3.3
21/	.48		134.4	7.1	9.4	100	Y	3.4
22/	.48		134.4	6.7	9.4	100	Y	4.8
23/	.57		159.6	6.3	9.4	97	Y	3.6
24/	.62		173.6	6.0	9.4	97	X	3.3
25/	.67		187.6	5.7	9.4	97	X	3.0
26/	.63		176.4	5.2	9.4	97	Y	2.1
27/	.60		168	4.9	9.4	97	Y	3.7
28/	.51		142.8	4.4	9.3	97	Y	9.75
29/	.51		142.8	4.0	9.3	97	Y	3.5
30/	.56		156.8	4.9	9.4	97	Y	4.8
31/	.53		148.4	4.8	9.3	97	Y	7.8

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:
 dws.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350