

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 #: 94191 WTP-: \_\_\_\_\_ Month/Year: 2/2022

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					.14		
3					.13		
4					.12		
5					.12		
6					.11		
7					.11		
8					.11		
9					.11		
10					.11		
11					.10		
12					.11		
13					.11		
14					.11		
15					.11		
16					.11		
17					.11		
18					.11		
19					.11		
20					.11		
21					.11		
22					.11		
23					.12		
24					.12		
25					.11		
26					.10		
27					.09		
28					.09		
29					.10		
30							
31							

<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> <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No		CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
<b>Notes:</b>		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>Bill Hood</u>	DATE: <u>3/3/2022</u>
		PHONE #: <u>(503) 539-3834</u>	CERT #:

<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 #: *94191*

WTP-:

Month/Year: *2/2022*

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/	.53	280	148.4	4.9	9.4	97	Y	2.3
2/	.83		232.4	5.7	9.4	104	Y	1.1
3/	.78		218.4	5.9	9.4	100	Y	1.3
4/	.74		207.2	5.7	9.4	100	Y	1.2
5/	.70		196	6.3	9.4	100	Y	1.7
6/	.67		187.6	5.8	9.3	100	Y	1.7
7/	.67		187.6	6	9.3	100	Y	1.3
8/	.66		184.8	5.9	9.3	100	Y	1.1
9/	.68		190.4	6.2	9.4	100	Y	1.4
10/	.68		190.4	6.2	9.4	100	Y	1.4
11/	.68		190.4	6.6	9.4	100	Y	1.3
12/	.70		196	6.5	9.4	100	Y	2.6
13/	.69		193.2	6.7	9.4	100	Y	2.1
14/	.68		190.4	7	9.4	100	Y	1.3
15/	.68		190.4	6.7	9.4	100	Y	1.4
16/	.58		162.4	7	9.4	97	Y	1.5
17/	.79		221.2	6.7	9.4	100	Y	1.7
18/	.77		215.6	6.5	9.4	100	Y	1.5
19/	.77		215.6	6.5	9.4	100	Y	1.5
20/	.77		215.6	6.5	9.4	100	Y	1.5
21/	.79		221.2	6.2	9.4	100	Y	1.6
22/	.77		215.6	5.4	9.4	100	Y	1.5
23/	.76		212.8	4.5	9.4	100	Y	1.2
24/	.76		212.8	4.6	9.4	100	Y	10.0
25/	.76		212.8	4.5	9.4	100	Y	1.9
26/	.67		187.6	3.5	9.3	100	Y	1.5
27/	1.0		280	6	9.4	104	Y	1.5
28/	.96		268.8	7.3	9.5	104	Y	1.0
29/								
30/								
31/								

<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:  
[dwp.dmc@state.or.us](mailto:dwp.dmc@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350