

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: *3/2022*

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					.18		
4					.18		
5					.15		
6					.14		
7					.13		
8					.12		
9					.11		
10					.11		
11					.11		
12					.11		
13					.11		
14					.11		
15					.11		
16					.10		
17					.10		
18					.11		
19					.12		
20					.13		
21					.14		
22					.13		
23					.12		
24					.13		
25					.13		
26					.14		
27					.13		
28					.13		
29					.13		
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)	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: <i>Bill Hood</i>	DATE: <i>4/7/2022</i>
		SIGNATURE: <i>Bill Hood</i>	CERT #:
		PHONE #: <i>(503) 539-3834</i>	

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 #: *94191*

WTP:-

Month/Year: *3/2022*

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/	.89	280	249	7.1	9.2	104	Y	3.0
2/	.78		218	7.3	9.2	100	Y	3.1
3/	.65		182	6.9	9.3	100	Y	2.6
4/	.59		165	6.8	9.4	97	Y	3.2
5/	.56		156	6.7	9.3	97	Y	4.7
6/	.56		156	6.1	9.3	97	Y	3.3
7/	.57		159	5.6	9.3	97	Y	4.8
8/	.59		165	6.1	9.3	97	Y	2.5
9/	.44		123	5.7	9.2	97	Y	3.4
10/	.57		159	4.7	9.2	97	Y	3.8
11/	.59		165	5.2	9.3	97	Y	4.2
12/	.59		165	5.4	9.3	97	Y	3.5
13/	.63		176	6.5	9.3	100	Y	9.3
14/	.66		184	6.7	9.3	100	Y	2.3
15/	.61		170	7.1	9.2	100	Y	2.6
16/	.58		162	6.8	9.3	97	Y	3.2
17/	.58		162	6.4	9.3	97	Y	3.1
18/	.50		140	7.4	9.3	97	Y	3.2
19/	.57		159	6.7	9.3	97	Y	5.3
20/	.53		148	6.6	9.3	97	Y	6.8
21/	.58		162	7.3	9.3	97	Y	4.3
22/	.63		176	8.1	9.2	100	Y	4.2
23/	.65		182	8.4	9.2	100	Y	3.5
24/	.64		179	8.1	9.4	100	Y	5.9
25/	.61		170	8.0	9.3	100	Y	12.1
26/	.63		176	8.5	9.3	100	Y	6.3
27/	.61		170	8.9	9.3	100	Y	7.4
28/	.59		165	9.6	9.3	97	Y	5.8
29/	.64		179	9.4	9.3	100	Y	5.6
30/	.74		207	8.9	9.4	100	Y	2.15
31/	.79	280	221	9.4	9.3	100	Y	3.9

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