

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 #: 9491 WTP-: _____ Month/Year: 5/2022

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

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of daily turbidity readings ≤ 1 NTU? ²	Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
Notes:		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>6/6/2022</u>
		PHONE #: <u>(503) 539-9834</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 #: *94191*

WTP:-

Month/Year: *5-2022*

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/	.57	280	159.6	10	9.6	73	Y	2.7
2/	.56		156.8	9.8	9.6	73	Y	1.1
3/	.48		134.4	9.9	9.6	73	Y	1.4
4/	.47		131.6	10.1	9.6	73	Y	1.3
5/	.45		126	10.2	9.6	73	Y	1.3
6/	.46		128.8	10.5	9.6	73	Y	1.4
7/	.42		117.6	10	9.6	73	Y	2.0
8/	.43		120.4	9.5	9.6	73	Y	1.6
9/	.40		112	9.4	9.5	70	Y	1.3
10/	.37		103.6	9.8	9.6	70	Y	2.8
11/	.39		109.2	9.9	9.6	70	Y	2.5
12/	.41		114.8	9.8	9.6	73	Y	2.2
13/	.43		120.4	9.5	9.5	73	Y	2.4
14/	.45		126	10.7	9.6	73	Y	3.0
15/	.45		126	11.2	9.6	73	Y	2.3
16/	.46		128.8	11.1	9.6	73	Y	1.3
17/	.66		184.8	11	9.6	75	Y	1.3
18/	.73		204.4	10.9	9.6	75	Y	1.5
19/	.69		193.2	10.5	9.6	75	Y	1.3
20/	.70		196	10.4	9.6	75	Y	1.4
21/	.69		193.2	10.4	9.6	75	Y	1.8
22/	.71		193.2 196.8	11.1	9.6	75	Y	2
23/	.69		193.2	11.6	9.6	75	Y	1.2
24/	.66		184.8	12	9.6	75	Y	5.6
25/	.65		182	13.1	9.3	75	Y	6.9
26/	.67		187.6	12.7	9.6	75	Y	1.1
27/	.73		204.4	12.4	9.6	75	Y	1.1
28/	.64		179.2	12	9.6	75	Y	4.8
29/	.59		169	11.8	9.6	73	Y	3.5
30/	.49		137.2	11.6	9.6	73	Y	1.0
31/	.35		98	12	9.5	70	Y	1.1

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