

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: 7/2022

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

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:	PRINTED NAME: <u>Bill Hood</u>	
	SIGNATURE: <u>Bill Hood</u>	DATE: <u>8/7/2022</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:

Batte Creek Scout Ranch

ID #: 94191

WTP-:

Month/Year:

7/2022

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/	.56	280	157	15.3	9.7	97	Y	4.2
2/	1.1		308	14.9	9.8	104	Y	4.8
3/	1.3		364	14.9	9.8	107	Y	7.4
4/	1.2		336	14.6	9.8	107	Y	4.6
5/	1.3		364	15	9.8	107	Y	6.1
6/	.94		263	15.4	9.8	104	Y	6.9
7/	.93		260	15.4	9.8	104	Y	10.1
8/	.76		207	15.3	9.7	100	Y	7.3
9/	.64		179	15.4	9.7	100	Y	7.0
10/	.56		156	15.6	9.7	97	Y	15.8
11/	.51		142	16.2	9.7	97	Y	10.2
12/	.33		92	16.6	9.7	93	Y	11.6
13/	.37		103	16.2	9.7	93	Y	6.4
14/	.42		117	16.1	9.7	97	Y	13.2
15/	.37		103	16.2	9.7	97	Y	10.3
16/	.54		151	15.8	9.8	97	Y	6.2
17/	.50		140	15.8	9.8	97	Y	10.5
18/	.39		109	15.5	9.8	93	Y	13.4
19/	.39		109	15.9	9.7	93	Y	5.8
20/	.41		114	16.2	9.7	97	Y	7.2
21/	.48		134	16.6	9.7	97	Y	14
22/	.52		145	16.4	9.7	97	Y	8.8
23/	.57		159	16.2	9.7	97	Y	9.1
24/	.61		170	16.3	9.7	97	Y	11.6
25/	.67		187	16.9	9.8	97	Y	13.2
26/	.71		198	17.3	9.8	100	Y	5.8
27/	.74		207	17.8	9.8	100	Y	9.4
28/	.77		215	19	9.8	100	Y	16.2
29/	.79		221	18.7	9.8	100	Y	14.8
30/	.83		232	18.9	9.9	104	Y	6.8
31/	1.1		308	19	9.9	107	Y	11.6

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