

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: 8/22

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

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
<b>Monthly Summary</b>			
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	Yes / No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
<b>Notes:</b>		<b>PRINTED NAME:</b> <u>Bill Hood</u>	
		<b>SIGNATURE:</b> <u>Bill Hood</u>	<b>DATE:</b> <u>9-6-2022</u>
		<b>PHONE #:</b> <u>503 539-3834</u>	<b>CERT #:</b>

<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:

8/22

Date / Time	Minimum Cl <sub>2</sub> <sup>1</sup> 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]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	1.3	280	364	18.9	9.9	55	✓	4.4
2/	1.2	280	476	18.7	9.9	58	✓	3.5
3/	1.4	280	392	18.5	9.9	55	✓	3.9
4/	1.2	280	336	17.9	9.9	53	✓	4.7
5/	1.1	280	308	17.4	9.9	53	✓	4.6
6/	.85	280	238	17.3	9.9	50	✓	4.5
7/	.75	280	210	17.6	9.9	50	✓	6.4
8/	.69	280	193.2	17.5	9.9	50	✓	5.1
9/	.64	280	179	17.4	9.9	50	✓	3.1
10/	.58	280	162	17.2	9.9	49	✓	3.2
11/	.53	280	148	17.2	9.9	49	✓	4.5
12/	.53	280	148	17.1	9.9	49	✓	4.7
13/	.53	280	148	17.1	9.9	49	✓	4.7
14/	.48	280	134	16.6	9.9	49	✓	2.5
15/	.46	280	128	16.7	9.9	49	✓	2.2
16/	.45	280	126	17	9.9	49	✓	2.8
17/	.45	280	126	17.4	9.9	49	✓	3.1
18/	.45	280	126	17.8	9.9	49	✓	2.9
19/	.45	280	126	17.9	9.9	49	✓	3
20/	.45	280	126	17.5	9.9	49	✓	3
21/	.45	280	126	17.5	9.9	49	✓	3.4
22/	.46	280	128	17.7	9.9	49	✓	3.4
23/	.45	280	126	17.7	9.9	49	✓	3.7
24/	.46	280	128	17.8	9.8	49	✓	3.5
25/	.46	280	128	18.1	9.8	49	✓	3.6
26/	.46	280	128	17.9	9.8	49	✓	3.4
27/	.46	280	128	17.6	9.8	49	✓	3.7
28/	.45	280	126	17	9.9	49	✓	3
29/	.43	280	120	17.1	9.9	49	✓	2.2
30/	.43	280	120	17.6	9.8	49	✓	2.7
31/	.41	280	114	17.8	9.9	49	✓	2.3

<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/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350