

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 #: 04191 WTP-: _____ Month/Year: 9/2022

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					.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					.09		
21					.10		
22					.10		
23					.10		
24					.10		
25					.09		
26					.09		
27					.09		
28					.09		
29					.09		
30					.09		
31					.09		

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of daily turbidity readings ≤ 1 NTU? ²	Yes/No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>ZA</u>	DATE: <u>10-8-2022</u>
		PHONE #: <u>503 1539-3834</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:

Battle Creek Scout Ranch

ID #: 94191

WTP-:

Month/Year: 9-2022

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/	.41	280	114.8	17.6	9.9	49	X	2.5
2/	.40	280	112	17.7	9.9	47	Y	2.4
3/	.41	280	114.8	17.5	9.9	49	Y	2.3
4/	.41	280	114.8	17.3	9.9	49	Y	2.7
5/	.42	280	117.6	17.6	9.9	49	Y	2.6
6/	.47	280	131.6	17.1	9.9	49	Y	3.6
7/	.49	280	137.2	17.1	9.9	49	Y	2.7
8/	.48	280	134.4	16.4	9.9	49	Y	2.6
9/	.47	280	131.6	15.5	10	49	Y	4.0
10/	.42	280	117.6	17.9	10.1	49	Y	4.8
11/	.49	280	137.2	17.3	10	49	Y	3.6
12/	.52	280	145.6	16.7	10	49	Y	2.4
13/	.46	280	128.8	16.4	10	49	Y	2.9
14/	.42	280	117.6	16.3	10	49	Y	3.1
15/	.40	280	112	16.1	10	47	Y	2.5
16/	.40	280	112	16	10	47	Y	2.8
17/	.42	280	117.6	15.3	10.1	49	Y	3.4
18/	.43	280	120.4	15.5	10	49	Y	3.4
19/	.42	280	117.6	15.3	10	49	Y	2.4
20/	.42	280	117.6	15.3	10	49	Y	3.3
21/	.42	280	117.6	15.2	10	49	Y	2.9
22/	.42	280	117.6	15.4	10	49	Y	3.6
23/	.53	280	148.4	14.7	10	49	Y	4.3
24/	.60	280	168	14.6	10	49	Y	4.3
25/	.65	280	182	14.7	10	50	Y	4.3
26/	.68	280	190.4	15	10	50	Y	2.9
27/	.67	280	187.6	15	10	50	Y	2.8
28/	.67	280	187.6	14.9	10	50	Y	2.7
29/	.67	280	187.6	15	10	50	X	2.6
30/	.67	280	187.6	14.8	10	50	Y	2.9
31/								

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/Health/Environment/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