

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: 10/22

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					.09		
3					.09		
4					.09		
5					.09		
6					.09		
7					.09		
8					.09		
9					.09		
10					.09		
11					.09		
12					.09		
13					.09		
14					.09		
15					.09		
16					.08		
17					.08		
18					.09		
19					.09		
20					.09		
21					.08		
22					.09		
23					.09		
24					.10		
25					.09		
26					.09		
27					.09		
28					.09		
29					.09		
30					.09		
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> <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> 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 <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
<b>Notes:</b>		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>11-9-2022</u>
		PHONE #: <u>1503 1539-3834</u>	CERT #:

<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 Scoat Ranch ID #: 94191 WTP-: \_\_\_\_\_ Month/Year: 10-22

Date / Time	Minimum Cl <sub>2</sub> 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]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.63	280	176.4	14.9	10.1	75	Y	3.9
2/	.57	280	159.6	15.2	10.1	73	Y	2.9
3/	.54	280	151	15	10.1	73	Y	2.8
4/	.54	280	151	14.6	10.1	73	Y	2.8
5/	.56	280	156	14.3	10.1	73	Y	5.9
6/	.66	280	184	14.2	10.1	75	Y	3.0
7/	.65	280	182	14.2	10.1	75	Y	3.1
8/	.67	280	187	14.2	10.1	75	Y	4.9
9/	.69	280	193	14.1	10.1	75	Y	4.4
10/	.68	280	190	14.1	10	75	Y	2.6
11/	.67	280	187	14.3	10.1	75	Y	3.1
12/	.67	280	187	13.8	10.1	75	Y	3.4
13/	.67	280	187	13.8	10.1	75	Y	2.8
14/	.67	280	187	13.7	10.1	75	Y	3.5
15/	.41	280	114	13.9	10.1	73	Y	5.6
16/	.74	280	207	14.4	10.1	75	Y	4.0
17/	.69	280	193	13.8	10.1	75	Y	2.9
18/	.66	280	184	13.4	10.1	75	Y	4.4
19/	.67	280	187	13.2	10.2	75	Y	2.9
20/	.64	280	179	12.9	10.2	75	Y	3.1
21/	.64	280	179	12.5	10.2	75	Y	2.4
22/	.63	280	176	12.3	10.2	75	Y	3.5
23/	.48	280	134	11.8	10.2	73	Y	2.8
24/	.35	280	98	11.6	10.1	70	Y	4.2
25/	.44	280	123	11.8	10.1	73	Y	3.8
26/	.52	280	145	11.5	10.1	73	Y	2.9
27/	.61	280	170	11.3	10.1	75	Y	4.2
28/	.63	280	176	11.4	10.1	75	Y	3.8
29/	.63	280	176	11.4	10.1	75	Y	4.8
30/	.66	280	184	11.1	10.1	75	Y	2.2
31/	.65	280	182	11.3	10.1	75	Y	3.5

<sup>3</sup> If Cl<sub>2</sub> 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/Health/Environment/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf](http://public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
[dwp.dnce@state.or.us](mailto:dwp.dnce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350