

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 #: *24191* WTP-: _____ Month/Year: *11-2022*

| 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 | | | | | .09 | | |
| 3 | | | | | .10 | | |
| 4 | | | | | .10 | | |
| 5 | | | | | .1 | | |
| 6 | | | | | .09 | | |
| 7 | | | | | .11 | | |
| 8 | | | | | .14 | | |
| 9 | | | | | .13 | | |
| 10 | | | | | .12 | | |
| 11 | | | | | .12 | | |
| 12 | | | | | .11 | | |
| 13 | | | | | .10 | | |
| 14 | | | | | .10 | | |
| 15 | | | | | .11 | | |
| 16 | | | | | .10 | | |
| 17 | | | | | .10 | | |
| 18 | | | | | .10 | | |
| 19 | | | | | .09 | | |
| 20 | | | | | .09 | | |
| 21 | | | | | .09 | | |
| 22 | | | | | .09 | | |
| 23 | | | | | .09 | | |
| 24 | | | | | .08 | | |
| 25 | | | | | .09 | | |
| 26 | | | | | .10 | | |
| 27 | | | | | .10 | | |
| 28 | | | | | .10 | | |
| 29 | | | | | .10 | | |
| 30 | | | | | .10 | | |
| 31 | | | | | .10 | | |

| | | | |
|---|---|---|---|
| Slow Sand/Membrane/DE Filtration/Unfiltered | | Monthly Summary (Answer Yes or No) | |
| Monthly Summary | | Monthly Summary (Answer Yes or No) | |
| 95% of daily turbidity readings ≤ 1 NTU? ² <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 ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No |
| Notes: | | PRINTED NAME: <i>Bill Hood</i> | |
| | | SIGNATURE: <i>Bill Hood</i> | DATE: <i>12-9-2022</i> |
| | | PHONE #: <i>(503) 539-3834</i> | 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: 11/2022

| Date / Time | Minimum Cl ₂ Residual at 1 st User (C) ³ \wedge | Contact Time (T) | Actual CT | Temp \vee | pH \wedge | Required CT | CT Met? ³ | Peak Hourly Demand Flow |
|-------------|--|------------------|-----------|-------------|-------------|-------------|----------------------|-------------------------|
| | [ppm or mg/L] | [minutes] | CXT | [°C] | | Use tables | Yes / No | [GPM] |
| 1/ | .34 | 280 | 95.2 | 10.9 | 10 | 70 | Y | 3.5 |
| 2/ | .34 | 280 | 95.2 | 10.2 | 10 | 70 | Y | 3.3 |
| 3/ | .30 | 280 | 84 | 9.9 | 10 | 70 | Y | 3.7 |
| 4/ | .31 | 280 | 86.8 | 10.3 | 10 | 70 | Y | 5.1 |
| 5/ | .32 | 280 | 89.6 | 10 | 10 | 70 | Y | 3.5 |
| 6/ | .31 | 280 | 86.8 | 9.4 | 10 | 70 | Y | 4.1 |
| 7/ | .31 | 280 | 86.8 | 8 | 10 | 70 | Y | 4.0 |
| 8/ | .32 | 280 | 89.6 | 7.8 | 9.9 | 70 | Y | 3.4 |
| 9/ | .34 | 280 | 95.2 | 7 | 9.8 | 70 | Y | 3.0 |
| 10/ | .36 | 280 | 102.8 | 7.1 | 9.8 | 70 | Y | 3.4 |
| 11/ | .39 | 280 | 109.2 | 7.1 | 9.8 | 70 | Y | 2.8 |
| 12/ | .48 | 280 | 134.4 | 7.2 | 9.8 | 70 | Y | 3.7 |
| 13/ | .54 | 280 | 151.2 | 6.8 | 9.8 | 73 | Y | 4.2 |
| 14/ | .59 | 280 | 165.2 | 6.7 | 9.8 | 73 | Y | 3.0 |
| 15/ | .59 | 280 | 165.2 | 6.9 | 9.8 | 73 | Y | 3.3 |
| 16/ | .61 | 280 | 172.8 | 6.2 | 9.8 | 73 | Y | 2.8 |
| 17/ | .59 | 280 | 165.2 | 6.0 | 9.8 | 73 | Y | 3.2 |
| 18/ | .60 | 280 | 168 | 6.3 | 9.8 | 73 | Y | 3.5 |
| 19/ | .58 | 280 | 162.4 | 5.5 | 9.8 | 73 | Y | 3.4 |
| 20/ | .58 | 280 | 162.4 | 5.4 | 9.8 | 73 | Y | 3.5 |
| 21/ | .60 | 280 | 168 | 5.8 | 9.8 | 73 | Y | 2.8 |
| 22/ | .63 | 280 | 176.4 | 6.3 | 9.8 | 73 | Y | 2.8 |
| 23/ | .56 | 280 | 156.8 | 6.3 | 9.8 | 73 | Y | 2.5 |
| 24/ | .51 | 280 | 142.8 | 6.2 | 9.8 | 73 | Y | 2.8 |
| 25/ | .40 | 280 | 112 | 6.0 | 9.8 | 70 | Y | 2.7 |
| 26/ | .36 | 280 | 100.8 | 6.4 | 9.7 | 70 | Y | 2.6 |
| 27/ | .32 | 280 | 89.6 | 6.6 | 9.8 | 70 | Y | 2.8 |
| 28/ | .32 | 280 | 89.6 | 6.5 | 9.8 | 70 | Y | 2.8 |
| 29/ | .32 | 280 | 89.6 | 6.2 | 9.7 | 70 | Y | 2.9 |
| 30/ | .30 | 280 | 84 | 6.6 | 9.7 | 70 | Y | 2.5 |
| 31/ | | | | | | | | |

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

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