

OHA - Drinking Water Services - Turbidity Monitoring Report Form County:
 Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: Butte Creek Scott Ranch ID #: 94191 WTP-: _____ Month/Year: 12/2022

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

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	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>Bill Hood</u>	DATE: <u>1/2/2023</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:

Butte Creek Scout Ranch

ID #:

94191

WTP-:

Month/Year:

12/2022

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/	.34	280	95.2	6.4	9	70	Y	3.5
2/	.34	280	95.2	6.5	9	70	Y	3.3
3/	.36	280	100.8	6.3	9	70	Y	3.7
4/	.38	280	106.4	6.5	9	70	Y	5.1
5/	.40	280	112	6.6	9	70	Y	3.5
6/	.40	280	112	6.4	9	70	Y	4.1
7/	.42	280	117.6	6.4	9	70	Y	4.0
8/	.43	280	120.4	6.5	9	70	Y	3.4
9/	.45	280	126	6.7	9	73	Y	3.0
10/	.45	280	126	6.5	9	73	Y	3.4
11/	.45	280	12.6	6.6	9	73	Y	2.8
12/	.46	280	128.8	6.4	9	73	Y	3.7
13/	.45	280	126	6.4	9	73	Y	4.2
14/	.47	280	131.6	6.3	9	73	Y	3.0
15/	.47	280	131.6	6.3	9	73	Y	3.3
16/	.46	280	128.8	6.2	9	73	Y	2.8
17/	.47	280	131.6	6.0	9	73	Y	3.2
18/	.48	280	134.4	5.9	9	73	Y	3.5
19/	.48	280	134.4	5.8	9	73	Y	3.4
20/	.50	280	140	5.9	9	73	Y	3.5
21/	.51	280	142.8	5.4	9	73	Y	2.8
22/	.50	280	140	5.3	9	73	Y	2.8
23/	.50	280	140	5.6	9	73	Y	2.5
24/	.53	280	148.4	5.7	9	73	Y	2.8
25/	.51	280	142.8	5.8	9	73	Y	2.7
26/	.49	280	137.2	6.1	9	73	Y	2.6
27/	.48	280	134.4	6.2	9	73	Y	2.8
28/	.48	280	134.4	6.4	9	73	Y	2.8
29/	.46	280	128.8	6.5	9	73	Y	2.9
30/	.46	280	128.8	6.4	9	73	Y	2.5
31/	.45	280	126	6.5	9	73	Y	2.5

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