

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: 2/2023

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

<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="radio"/> Yes / <input type="radio"/> 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?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>Bill Hood</u>	DATE: <u>3/6/2023</u>
		PHONE #: <u>503 539-3834</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 Scout Ranch

ID #:

94191

WTP.:

Month/Year:

2/2023

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup> ^	Contact Time (T)	Actual CT	Temp <sub>v</sub>	pH <sup>^</sup>	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/	.76	280	212	4.6	8.2	84		1.9
2/	.79		221	4.7	8.2	84		2.9
3/	.80		224	5.2	8.2	84		2.1
4/	.81		226	5.8	8.3	84		2.5
5/	.81		226	6.1	8.3	84		2.7
6/	.81		226	6.2	8.3	84		2.4
7/	.73		204.4	6.4	8.3	84		2.4
8/	.67		187	6.2	8.3	84		2.0
9/	.62		173	6.2	8.3	84		2.4
10/	.58		162	6.8	8.3	81		2.9
11/	.59		165	6.6	8.3	81		3.2
12/	.60		168	6.2	8.3	81		2.7
13/	.60		168	6.4	8.3	81		2.0
14/	.59		165	5.8	8.3	81		2.1
15/	.58		162	5.3	8.3	81		1.9
16/	.59		165	5.3	8.3	81		2.5
17/	.61		170	5.6	8.3	81		9.6
18/	.62		173	6.8	8.2	81		4.2
19/	.91		254	6.7	8.3	87		2.7
20/	.84		235	7.2	8.3	87		2.2
21/	.78		218	6.7	8.3	84		2.6
22/	.73		204	6.1	8.3	84		2.2
23/	.68		190	5.2	8.3	84		2.2
24/	.68		190	5.2	8.3	84		2.2
25/	.64		179	4.8	8.3	84		3.5
26/	.63		176	4.4	8.3	84		2.0
27/	.63		176	4.8	8.3	84		2.4
28/	.61		170	4.9	8.3	81		1.9
29/	.61			4.8	8.3			2.4
30/								
31/								

<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/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltere1.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltere1.pdf)

Return by 10<sup>th</sup> of following month by email, fax, or mail to:

[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350