

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

System Name: Botte Creek Scout Ranch ID #: 94191 WTP: _____ Month/Year: 4-23

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

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of daily turbidity readings ≤ 1 NTU? ²	Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
Notes:		PRINTED NAME: Bill Hood	
		SIGNATURE: <i>Bill Hood</i>	DATE: 5-9-23
		PHONE #: 503 539-3834	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:

Batte Creek Scout Ranch

ID #: 94191

WTP-:

Month/Year:

4-23

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/	.84	280	235	6.8	8.4	87	Y	2.6
2/	.80		224	6.6	8.4	84	Y	2.9
3/	.7		196	6.4	8.3	84	Y	2.2
4/	.63		176	6.5	8.3	84	Y	2.0
5/	.58		162	6.6	8.3	81	Y	2.1
6/	.56		156	7.5	8.4	81	Y	2.3
7/	.53		148	7.7	8.4	81	Y	2.6
8/	.53		148	7.8	8.3	81	Y	2.3
9/	.49		137	8.3	8.4	81	Y	2.5
10/	.44		123	8.3	8.4	81	Y	2.1
11/	.49		137	7.8	8.3	81	Y	2.5
12/	.50		140	7.6	8.3	81	Y	2.4
13/	.51		142	7.6	8.3	81	Y	2.2
14/	.50		140	7.7	8.3	81	Y	2.7
15/	.52		145	7.9	8.3	81	Y	3.3
16/	.51		142	8.1	8.3	81	Y	2.8
17/	.64		179	7.8	8.3	84	Y	2.1
18/	.71		198	7.7	8.3	84	Y	2.6
19/	.70		196	7.6	8.3	84	Y	2.3
20/	.68		190	7.3	8.3	84	Y	2.2
21/	.68		190	8.1	8.3	84	Y	2.3
22/	.68		190	8.9	8.4	84	Y	3.6
23/	.68		190	9	8.5	84	Y	3.2
24/	.67		187	9.1	8.3	84	Y	2.3
25/	.64		179	9.3	8.4	84	Y	2.3
26/	.61		170	9.8	8.4	84	Y	2.6
27/	.60		168	10.5	8.4	81	Y	2.2
28/	.60		168	11.5	8.4	81	Y	2.7
29/	.59		165	12	8.4	81	Y	3.2
30/	.58		162	11.7	8.4	81	Y	2.7
31/								

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:

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