

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: 5/2023

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

**Slow Sand/Membrane/DE Filtration/Unfiltered**

Monthly Summary

95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>  Yes /  No  
 All daily turbidity readings ≤ 5 NTU?  Yes /  No

Notes:

Monthly Summary (Answer Yes or No)

CT's met everyday? (see back)  Yes /  No

All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  Yes /  No

PRINTED NAME: Bill Hood

SIGNATURE: [Signature] DATE: 6-14-2023

PHONE #: (503) 539-3834 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:

5/2023

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup> <sub>Λ</sub>	Contact Time (T)	Actual CT	Temp <sub>✓</sub>	pH <sub>Λ</sub>	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/	.58	280	162	11.3	8.4	95	✓	2.1
2/	.58		162	11.1	8.4	95	✓	2.4
3/	.58		162	11.4	8.4	95	✓	2.3
4/	.59		165	10.8	8.3	95	✓	1.9
5/	.59		165	10.8	8.3	95	✓	2.8
6/	.59		165	10.8	8.3	95	✓	4.2
7/	.59		165	10.8	8.3	95	✓	3.1
8/	.59		165	10.6	8.3	95	✓	6.5
9/	.59		165	11.3	8.1	95	✓	3.4
10/	.61		170	10.3	8.2	95	✓	1.1
11/	.79		221	11.3	8.4	98	✓	2.5
12/	.73		204	12.1	8.4	98	✓	2.6
13/	.70		196	13.2	8.4	98	✓	3.2
14/	.66		184	14	8.4	98	✓	2.9
15/	.59		165	14.5	8.4	95	✓	2.0
16/	.55		154	14.4	8.3	95	✓	1.7
17/	.52		145	14.5	8.3	95	✓	2.0
18/	.47		131	14.6	8.3	95	✓	2.8
19/	.45		126	14.7	8.3	95	✓	2.6
20/	.41		114	15	8.3	95	✓	6.4
21/	.51		142	14.5	8.3	95	✓	4.7
22/	.52		145	13.6	8.3	95	✓	2.2
23/	.50		140	13.2	8.3	95	✓	2.4
24/	.48		134	13.2	8.3	95	✓	2.1
25/	.48		134	13.3	8.3	95	✓	2.6
26/	.45		126	13.9	8.3	95	✓	2.2
27/	.47		131	14	8.3	95	✓	3.6
28/	.49		137	13.7	8.4	95	✓	4.4
29/	.51		142	13.9	8.4	95	✓	5.9
30/	.56		156	13.4	8.5	95	✓	2.3
31/	.56	280	156	13	8.5	95	✓	2.4

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf) Revised September 2016

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