

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 #: _____ WTP: 44191 Month/Year: 6/23

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

Slow Sand/Membrane/DE Filtration/Unfiltered 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: <u>Bill Hood</u>	DATE: <u>7/6/2023</u>
		SIGNATURE: <u>Bill Hood</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:

Battle Creek Scout Ranch

ID #:

94191

WTP-:

Month/Year:

6/23

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ ^Λ	Contact Time (T)	Actual CT	Temp _v	pH _Λ	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.58	280	162	12.9	8.5	61	Y	2.2
2/	.56		156	13	8.5	61	Y	2.4
3/	.55		154	13.3	8.5	61	Y	4.1
4/	.55		154	13.4	8.5	61	Y	3.0
5/	.51		142	13.6	8.5	61	Y	2.3
6/	.45		126	14.1	8.5	61	Y	3.0
7/	.45		126	14.6	8.6	73	Y	2.7
8/	.53		148	14.6	8.6	73	N	2.4
9/	.54		151	14.2	8.7	73	Y	2.3
10/	.51		142	14.3	8.6	73	Y	2.6
11/	.51		142	14.4	8.7	73	Y	2.7
12/	.47		131	14.8	8.7	73	Y	2.2
13/	.47		131	15	8.7	73	Y	2.5
14/	.43		120	14.7	8.7	73	Y	2.1
15/	.51		142	14.6	8.8	73	Y	2.9
16/	.54		151	15	8.7	73	Y	3.2
17/	.51		142	15	8.8	73	Y	2.9
18/	.50		140	14	8.8	73	Y	2.2
19/	.44		123	13.6	8.8	73	Y	2.1
20/	.40		112	13.8	8.8	73	Y	2.0
21/	.50		140	13.9	8.8	73	Y	2.0
22/	.49		132	14.3	8.8	73	Y	2.4
23/	.49		137	14.8	8.8	73	Y	2.1
24/	.48		134	14.8	8.8	73	Y	6.7
25/	.60		168	15.1	8.8	73	Y	7.4
26/	.60		168	15.2	8.8	73	Y	2.8
27/	.55		154	15.4	8.9	73	Y	2.8
28/	.54		151	15.9	8.9	73	Y	2.8
29/	.56		156	16.3	8.9	73	Y	3.1
30/	.60		168	16.6	8.9	73	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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350