

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

System Name: Battle Creek Scout Ranch ID #: \_\_\_\_\_ WTP: \_\_\_\_\_ Month/Year: 7/23

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					.08		
6					.09		
7					.09		
8					.09		
9					.09		
10					.09		
11					.09		
12					.09		
13					.09		
14					.09		
15					.09		
16					.09		
17					.08		
18					.08		
19					.08		
20					.08		
21					.08		
22					.08		
23					.08		
24					.08		
25					.08		
26					.08		
27					.08		
28					.08		
29					.08		
30					.08		
31					.08		

**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: 8/7/2023

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 #:

WTP-:

Month/Year:

7/23

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup> $\lambda$	Contact Time (T)	Actual CT	Temp $\gamma$	pH $\lambda$	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/	.64	280	179.2	16.4	6.9	24	Y	3.1
2/	.65		182	16.4	7	24	Y	3.2
3/	.67		187	16.5	7	24	Y	3.0
4/	.68		190	16.8	7	24	Y	3.3
5/	.68		190	17.2	7	24	Y	4.2
6/	.73		204	16.6	6.9	24	Y	4.8
7/	.73		204	16.7	6.5	24	Y	5.4
8/	.73		204	16.2	6.6	24	Y	4.4
9/	.75		210	16.3	6.6	24	Y	7.2
10/	.81		226	16.0	6.6	24	Y	6.2
11/	.80		224	16.1	6.6	24	Y	2.5
12/	.66		184	16.4	6.6	24	Y	3.2
13/	.60		168	16.7	6.6	24	Y	4.5
14/	.58		162	17.1	6.6	24	Y	4.8
15/	.58		162	17.5	6.6	24	Y	3.0
16/	.56		156	17.7	6.6	24	Y	4.9
17/	.55		154	17.4	6.6	24	Y	4.0
18/	.54		151	17.1	6.6	24	Y	1.9
19/	.51		142	17.3	6.6	24	Y	2.7
20/	.50		140	17.4	6.6	24	Y	4.9
21/	.50		140	17.4	6.6	24	Y	4.3
22/	.51		142	17.7	6.6	24	Y	3.6
23/	.48		134	17.9	6.6	24	Y	4.7
24/	.48		134	17.5	6.6	24	Y	4.2
25/	.54		151	17.1	6.1	24	Y	2.4
26/	.51		142	16.5	5.4	24	Y	2.2
27/	.46		128	16.5	5.4	24	Y	4.8
28/	.47		131	16.4	5.4	24	Y	4.4
29/	.56		156	16.3	6.1	24	Y	2.9
30/	.59		165	16.5	6.2	24	Y	7.8
31/	.62		173	16.3	6.2	24	Y	3.7

<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-unfiltere.d.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltere.d.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 1450, Portland, OR 97293-0350