

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

System Name: Batte Creek Scout Ranch ID #: 9491 WTP-: \_\_\_\_\_ Month/Year: 8/23

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					.08		
3					.08		
4					.08		
5					.08		
6					.08		
7					.08		
8					.08		
9					.08		
10					.08		
11					.08		
12					.08		
13					.08		
14					.08		
15					.07		
16					.08		
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		

<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="checkbox"/> Yes / No	<input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:		PRINTED NAME: <u>Bill Hood</u>	DATE: <u>9/11/23</u>
		SIGNATURE: <u>Bill Hood</u>	CERT #:
		PHONE #: <u>503 1539-3834</u>	

<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 #: 9419 (WTP-:

Month/Year:

8/23

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup> ^	Contact Time (T)	Actual CT	Temp	pH	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/	.61	280	170	16.4	6.4	20	Y	2.3
2/	.58		162	16.6	6.4	20	Y	2.5
3/	.54		151	16.8	6.7	24	Y	5.3
4/	.50		140	17.2	6.8	24	Y	4.7
5/	.59		165	17.1	7.1	24	Y	3.7
6/	.66		184	16.8	7.2	24	Y	4.9
7/	.64		179	17	7.2	24	Y	5.2
8/	.61		170	17.1	7.6	24	Y	2.8
9/	.56		156	17.3	7.6	24	Y	2.7
10/	.52		145	17.7	7.6	24	Y	4.3
11/	.52		145	17.4	7.6	24	Y	4.5
12/	.55		154	17.5	7.7	24	Y	2.3
13/	.52		145	18.1	7.6	24	Y	1.6
14/	.47		131	18.8	7.6	24	Y	2.0
15/	.44		123	19.2	7.7	24	Y	.9
16/	.42		117	19.6	7.7	24	Y	1.1
17/	.41		114	19.5	7.7	24	Y	1.2
18/	.39		109	18.9	7.7	23	Y	1.8
19/	.38		106	18.1	7.7	23	Y	1.7
20/	.40		112	17.9	7.7	23	Y	1.1
21/	.38		106	17.6	7.7	23	Y	2.5
22/	.42		117	17.1	7.7	23	Y	2.7
23/	.43		120	17	7.7	23	Y	2.6
24/	.53		148	16.6	7.6	24	Y	2.0
25/	.50		140	17.5	7.6	24	Y	1.9
26/	.50		140	17.6	7.7	24	Y	2.5
27/	.60		168	17.4	7.7	24	Y	2.3
28/	.58		162	17	7.7	24	Y	1.4
29/	.62		173	16.8	7.6	24	Y	2
30/	.57		159	16.7	7.6	24	Y	1.1
31/	.43	280	120	16.2	7.6	24	Y	1.5

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