

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: *9/2023*

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					.08		
3					.08		
4					.09		
5					.10		
6					.10		
7					.09		
8					.09		
9					.09		
10					.09		
11					.09		
12					.09		
13					.09		
14					.09		
15					.09		
16					.09		
17					.09		
18					.09		
19					.09		
20					.09		
21					.09		
22					.09		
23					.09		
24					.09		
25					.09		
26					.09		
27					.09		
28					.10		
29					.09		
30					.09		
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of daily turbidity readings ≤ 1 NTU? ²	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	
Notes:		PRINTED NAME: <i>Bill Hood</i>	DATE: <i>10-4-23</i>
		SIGNATURE: <i>Bill Hood</i>	CERT #:
		PHONE #: <i>(503) 539-3834</i>	

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:

9/2023

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ ¹	Contact Time (T) ²	Actual CT	Temp [✓]	pH ¹	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.62	280	173	16.5	7.6	29	Y	1.3
2/	.60		168	16.5	7.6	29	Y	1.3
3/	.62		173	16.4	7.6	29	Y	1.2
4/	.62		173	15.9	7.6	29	Y	1.2
5/	.63		176	15.7	7.6	29	Y	.95
6/	.62		173	15.5	7.6	29	Y	4.7
7/	.60		168	15.5	7.6	29	Y	1.2
8/	.58		162	15.2	7.6	29	Y	1.2
9/	.58		162	15.4	7.6	29	Y	3.0
10/	.55		154	15.6	7.6	29	X	2.3
11/	.54		151	15.4	7.6	29	Y	1.0
12/	.53		148	15.7	7.6	29	Y	3.5
13/	.51		142	15.8	7.6	29	Y	2.7
14/	.51		142	15.5	7.6	29	Y	1.2
15/	.54		151	15.7	7.6	29	Y	1.5
16/	.55		154	15.8	7.6	29	Y	1.1
17/	.55		154	15.3	7.6	29	Y	1.3
18/	.55		154	15.1	7.6	29	Y	1.3
19/	.55		154	14.3	7.6	29	Y	1.3
20/	.55		154	14.3	7.6	29	Y	1.1
21/	.53		148	13.8	7.6	29	Y	1.2
22/	.51		142	13.8	7.6	29	Y	1.3
23/	.58		162	14	7.6	29	Y	1.9
24/	.68		190	13.5	7.6	29	Y	1.3
25/	.73		204	13.4	7.6	29	Y	1.2
26/	.73		204	13.4	7.6	29	Y	1.1
27/	.69		193	13.3	7.6	29	Y	.7
28/	.59		159	13	7.6	29	Y	1.3
29/	.57		159	13.2	7.6	29	Y	1.0
30/	.49		137	12.5	7.7	29	Y	3.8
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