

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 #: \_\_\_\_\_ WTP: 94191 Month/Year: 10/2023

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

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
<b>Monthly Summary</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	Yes / No	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
<b>Notes:</b>		<b>PRINTED NAME:</b> Bill Hood	
		<b>SIGNATURE:</b> <i>Bill Hood</i>	
		<b>DATE:</b> 11/5/23	
		<b>PHONE #:</b> 503 1539-3834	
		<b>CERT #:</b>	

<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#:

94191

Month/Year:

10/23

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup> $\wedge$	Contact Time (T)	Actual CT	Temp $\vee$	pH $\wedge$	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/	.40	280	112	12.3	7.6	50	Y	1.7
2/	.38	280	106	12.4	7.6	50	Y	1.2
3/	.31	280	86	12.9	7.6	50	Y	1
4/	.31	280	86	12.9	7.6	50	Y	6.3
5/	.32	280	89	13.5	6.9	35	Y	2.6
6/	.31	280	86	12.7	7.1	42	Y	4.1
7/	.35	280	98	14.1	7.4	42	Y	2.7
8/	.35	280	98	14.6	7.5	42	Y	4.3
9/	.36	280	100	13.1	7.6	50	Y	2.1
10/	.40	280	112	13.2	7.6	50	Y	.75
11/	.36	280	100	12.8	7.6	50	Y	.86
12/	.31	280	86	13	7.6	50	Y	1.73
13/	.34	280	95	12.8	7.6	50	Y	.75
14/	.32	280	89	12.8	7.6	50	Y	1.3
15/	.33	280	92	13	7.6	50	Y	1.1
16/	.35	280	98	13.1	7.6	50	Y	1.0
17/	.36	280	100	12.7	7.6	50	Y	.9
18/	.34	280	95	12.5	7.6	50	Y	1.0
19/	.36	280	100	12.6	7.6	50	Y	3.0
20/	.37	280	103	12.8	7.6	50	Y	1.5
21/	.35	280	98	12.7	7.6	50	Y	1.9
22/	.34	280	95	12.7	7.6	50	Y	2.2
23/	.33	280	92	12.2	7.6	50	Y	1.0
24/	.34	280	95	11.3	7.6	50	Y	.9
25/	.34	280	95	10.6	7.6	50	Y	.9
26/	.36	280	100	10.4	7.6	50	Y	1.1
27/	.36	280	100	9.5	7.6	50	Y	1.5
28/	.37	280	103	8.8	7.6	50	Y	3.4
29/	.41	280	114	8.4	7.5	42	Y	3.2
30/	.46	280	128	7.9	7.4	43	Y	3.9
31/	.48	280	134	7.9	7.4	43	Y	3.2

<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