

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

System Name: Batte Creek Scott Ranch ID #: 97427 WTP: _____ Month/Year: 12/23

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					.08		
3					.08		
4					.08		
5					.08		
6					.08		
7					1.1		
8					1.1		
9					1.1		
10					.11		
11					.11		
12					.11		
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					.08		
28					.08		
29					.08		
30					.09		
31					.09		

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of daily turbidity readings ≤ 1 NTU? ²	Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
Notes:		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>Bill Hood</u>	
		DATE: <u>1-4-24</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:

Butte Creek Scout Ranch

ID #: 97402

WTP.:

Month/Year: 12/23

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ ₁	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	.40	280	112	6	7.3	55	Y	1.1
2/	.37	280	103	6.4	7.4	55	Y	1.1
3/	.37	280	103	7.1	7.4	55	Y	1.3
4/	.43	280	120	7.4	7.4	55	Y	.8
5/	.46	280	128	8.2	7.5	57	Y	.8
6/	.37	280	103	8.5	7.5	55	Y	.8
7/	.36	280	100	8.0	7.4	55	Y	1.1
8/	.36	250	100	7.7	7.4	55	Y	.91
9/	.35	280	98	7.1	7.4	55	Y	1.4
10/	.35	280	98	8.2	7.4	55	Y	1.4
11/	.36	250	100	8.2	7.5	55	Y	.85
12/	.35	280	98	7.9	7.4	55	Y	1.2
13/	.38	280	106	7.4	7.4	55	Y	.96
14/	.35	280	98	7.7	7.4	55	Y	.8
15/	.53	250	148	7	7.4	55	Y	1.1
16/	.55	280	154	6.5	7.4	55	Y	1.5
17/	.85	280	233	6.3	7.5	60	Y	1.4
18/	.96	280	268	6.7	7.5	60	Y	1.2
19/	.99	280	277	7.2	7.5	60	Y	.9
20/	.87	280	243	6.9	7.5	60	Y	.9
21/	.78	280	218	6.7	7.4	60	Y	1.2
22/	.58	280	162	6.6	7.4	57	Y	.95
23/	.59	280	165	6	7.4	60	Y	1.2
24/	.60	280	168	6.1	7.4	60	Y	1.1
25/	.76	280	212	6.7	7.5	60	Y	1.7
26/	.88	280	246	6.9	7.5	60	Y	2.0
27/	.91	280	254	7	7.5	60	Y	1.8
28/	1.03	280	288	7.1	7.5	60	Y	1.1
29/	1.05	280	294	7.6	7.5	60	Y	1.2
30/	.95	280	266	7.4	7.5	60	Y	.92
31/	.94	280	263	7.4	7.5	60	Y	.81

³ If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.

Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf Revised September 2016

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