

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 #: 9491 WTP-: \_\_\_\_\_ Month/Year: 2/2024

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					.1		
3					.1		
4					.1		
5					.1		
6					.1		
7					.1		
8					.1		
9					.09		
10					.09		
11					.1		
12					.09		
13					.09		
14					.1		
15					.1		
16					.09		
17					.09		
18					.1		
19					.1		
20					.1		
21					.1		
22					.1		
23					.1		
24					.1		
25					.1		
26					.09		
27					.09		
28					.09		
29					.09		
30					.09		
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: Bill Hood

DATE: 3/4/2024

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:

Batte Creek Scout Ranch

ID #:

94191

WTP.:

Month/Year:

2/2024

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup> $\mu$	Contact Time (T)	Actual CT	Temp $\checkmark$	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/	.39	280	109	9	7.5	66	X	.9
2/	.35	280	98	8.9	7.4	66	Y	1.2
3/	.38	280	106	8.1	7.4	66	Y	1.1
4/	.38	280	106	7.7	7.4	66	Y	1.1
5/	.36	280	100	8.2	7.4	66	Y	.9
6/	.39	280	109	8.1	7.4	66	X	1.0
7/	.37	280	103	7.8	7.4	66	Y	1.0
8/	.41	280	114	7.7	7.4	66	Y	1.5
9/	.42	280	117	7.3	7.4	70	Y	1.0
10/	.39	280	109	7.1	7.4	66	Y	1.1
11/	.43	280	120	7.6	7.4	70	Y	1.0
12/	.43	280	120	7.7	7.4	70	X	1.1
13/	.40	280	112	6.5	7.4	66	Y	1.0
14/	.43	280	120	6.3	7.4	70	Y	1.1
15/	.46	280	128	7	7.4	70	Y	8.5
16/	.46	280	128	6.6	7.4	68	Y	2.2
17/	.47	280	131	7.2	7.1	68	Y	1.0
18/	.45	280	126	6.8	7.3	68	Y	1.4
19/	.44	280	123	7.6	7.5	68	Y	1.3
20/	.43	280	120	8.1	7.5	68	Y	.8
21/	.51	280	142	8.2	7.5	68	Y	1.1
22/	.47	280	131	8.2	7.4	68	Y	1.2
23/	.43	280	120	7.5	7.3	68	Y	.9
24/	.40	280	112	7.5	7.3	66	Y	1.3
25/	.37	280	103	8	7.4	66	Y	1.1
26/	.37	280	103	7.3	7.3	66	Y	1.0
27/	.40	280	112	7	7.3	66	Y	1.4
28/	.41	280	114	7.7	7.4	66	Y	1.1
29/	.37	280	103	7.1	7.3	66	X	.7
30/	.33	280	92	6.8	7.3	66	Y	1.0
31/	.33	280	92	6.3	7.4	66	Y	1.9

<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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350