

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

System Name: Battle Creek Scout Ranch ID #: 94191 WTP: _____ Month/Year: 5/24

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					.11		
2					.11		
3					.11		
4					.11		
5					.11		
6					.10		
7					.10		
8					.10		
9					.11		
10					.14		
11					.12		
12					.10		
13					.10		
14					.10		
15					.10		
16					.10		
17					.10		
18					.10		
19					.10		
20					.10		
21					.09		
22					.09		
23					.09		
24					.09		
25					.09		
26					.09		
27					.09		
28					.09		
29					.09		
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	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	
Notes:		PRINTED NAME: <u>Bill Hood</u>	DATE: <u>6-10-24</u>
		SIGNATURE: <u>Bill Hood</u>	CERT #:
		PHONE #: <u>(503) 539-3834</u>	

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 #:

24191

WTP.:

Month/Year:

5/24

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³ Δ	Contact Time (T)	Actual CT	Temp \checkmark	pH Δ	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	CXT	[°C]		Use tables	Yes / No	[GPM]
1/	.31	280	86.8	20.9	7.7	25	Y	2.0
2/	.32	280	89.6	18	7.6	33	Y	3
3/	.30	280	84	16.3	7.6	33	Y	1.8
4/	.31	280	86.8	14.4	7.6	50	Y	4.9
5/	.33	280	92.4	13.7	7.6	50	Y	7.2
6/	.33	280	92.4	19.3	7.6	33	Y	2.7
7/	.31	280	86.8	19	7.6	33	Y	4.9
8/	.31	280	86.8	18	7.6	33	Y	7.3
9/	.30	280	84	20.5	7.7	25	Y	5.2
10/	.31	280	86.8	21.2	7.6	25	Y	1.0
11/	.30	280	84	19.2	7.6	33	Y	.9
12/	.31	280	86.8	19.8	7.6	33	Y	3.8
13/	.34	280	95.2	17.8	7.6	33	Y	1.0
14/	.30	280	84	13	7.5	50	Y	.9
15/	.30	280	84	13.2	7.5	50	Y	2.3
16/	.42	280	117.6	13.5	7.6	50	Y	3.8
17/	.54	280	151.2	13.3	7.6	51	Y	2.7
18/	.61	280	170.8	12.5	7.6	51	Y	1.75
19/	.65	280	182	12.4	7.6	53	Y	1.2
20/	.64	280	179	12.5	7.6	53	Y	1.6
21/	.64	280	179	11.7	7.6	53	Y	.8
22/	.60	280	168	11.9	7.6	51	Y	.9
23/	.63	280	176	12.1	7.6	53	Y	1.6
24/	.63	280	176	11.8	7.6	53	Y	.85
25/	.59	280	165	11.8	7.6	51	Y	.8
26/	.56	280	156	11.9	7.6	51	Y	.7
27/	.58	280	162	12.3	7.6	51	Y	1.4
28/	.59	280	165	12.3	7.6	51	Y	1.1
29/	.56	280	156	12.3	7.6	51	Y	1.1
30/	.58	280	162	12.2	7.6	51	Y	2.1
31/	.61	280	170	12.4	7.7	51	Y	2.2

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