

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

System Name: Butte Creek Scoop Reach ID #:

WTP-:

Month/Year: 6-2024

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

Slow Sand/Membrane/DE Filtration/Unfiltered

Monthly Summary

Monthly Summary (Answer Yes or No)

95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>  Yes /  No  
 All daily turbidity readings ≤ 5 NTU?  Yes /  No

CT's met everyday? (see back)  Yes /  No

All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  Yes /  No

Notes:

PRINTED NAME: Bill Hood

SIGNATURE: [Signature]

DATE: 7-10-2024

PHONE #: (503) 539-9834

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 Reach ID #: 94191 WTP: \_\_\_\_\_ Month/Year: 6-2024

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	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/	.54	280	151.2	12.8	7.7	51	Y	2.2
2/	.63	280	176.4	12.8	7.6	53	Y	5.8
3/	.62	280	173.6	12.6	7.7	53	Y	5.8
4/	.62	280	173.6	12.7	7.7	53	Y	1.6
5/	.37	280	103.6	13.2	7.6	50	Y	1.0
6/	.35	280	98	13.2	7.6	50	Y	1.8
7/	.34	280	95.2	13.7	7.6	50	Y	1.9
8/	.35	280	98	14	7.6	50	Y	1.8
9/	.35	280	98	14.3	7.6	50	Y	1.8
10/	.35	280	98	14.2	7.6	50	Y	1.3
11/	.36	280	100.8	14.2	7.7	50	Y	1.6
12/	.34	280	95.2	13.9	7.7	50	Y	1.4
13/	.34	280	95.2	13.9	7.7	50	Y	1.7
14/	.33	280	92.4	13.6	7.7	50	Y	1.9
15/	.38	280	106.4	13.6	7.7	50	Y	2.2
16/	.45	280	126	14.9	7.7	34	Y	1.4
17/	.50	280	140	16	7.7	34	Y	1
18/	.55	280	154	16.4	7.7	34	Y	.6
19/	.58	280	162.4	16.9	6.5	34	Y	1.5
20/	.55	280	154	16.9	146.9	24	Y	1.8
21/	.56	280	156.8	15.7	146.9	24	Y	3.7
22/	.58	280	162.4	16	146.9	24	Y	3.7
23/	.56	280	156.8	16.3	146.9	24	Y	3.6
24/	.56	280	156.8	16.7	6.9	24	Y	3.4
25/	.62	280	173.6	17.6	6.9	24	Y	2.3
26/	.61	280	170.8	16.7	6.9	24	Y	1.3
27/	.59	280	165.2	14.7	6.9	24	Y	1.0
28/	.55	280	154	14.9	6.9	24	Y	1.3
29/	.52	280	145.6	15.2	6.9	24	Y	2.5
30/	.47	280	131.6	15.5	6.9	24	Y	1.6
31/								

<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/Health/Environment/DrinkingWater/Monitoring/Documents/urb-alt-unfiltere.t.pdf](http://public.health.oregon.gov/Health/Environment/DrinkingWater/Monitoring/Documents/urb-alt-unfiltere.t.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