

**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Clackamas**  
 Month/Year: **Mar-26**

System Name: <b>Butte Creek Scout Ranch</b>		ID#: <b>41 941</b>		WTP : <b>TP -</b>			
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					0.09		
2					0.08		
3					0.08		
4					0.08		
5					0.08		
6					0.08		
7					0.07		
8					0.08		
9					0.08		
10					0.08		
11					0.08		
12					0.08		
13					0.08		
14					0.08		
15					0.10		
16					0.13		
17					0.10		
18					0.09		
19					0.08		
20					0.08		
21					0.08		
22					0.08		
23					0.08		
24					0.07		
25					0.08		
26					0.08		
27					0.08		
28					0.08		
29					0.08		
30					0.08		
31					0.08		

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <b>Yes</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU? <b>Yes</b>	<b>Yes</b>	<b>Yes</b>

<b>Notes:</b>	<b>PRINTED NAME: Butte Creek Scout Ranch</b>	
	<b>SIGNATURE: Bill Hood</b>	<b>4/2/2026</b>
	<b>PHONE #: ( 503 )539-3834</b>	<b>CERT #:</b>

<sup>1</sup> Including continuous NTU 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**

WTP- :

System Name: **Butte Creek Scout Ranch ID#: 41 94191**

Month/Year: **3/2026**

Disinfection *Giardia* Log  
Inactiv: **1.0**

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.4	280	112.0	6.8	7.40	51.3	YES	1.3
2	0.410.	280	#VALUE!	7.4	7.40	#VALUE!	#VALUE!	1.2
3	0.5	280	140.0	7.5	7.40	49.5	YES	1.4
4	0.7	280	196.0	7.7	7.40	50.0	YES	1.2
5	0.9	280	252.0	7.7	7.40	51.1	YES	1.6
6	1.1	280	308.0	7.8	7.40	52.0	YES	1.32
7	1	280	280.0	8.5	7.40	49.0	YES	1.7
8	1	280	280.0	8.6	7.40	48.7	YES	1.3
9	0.9	280	252.0	8.0	7.40	50.1	YES	1.1
10	0.8	280	224.0	7.8	7.40	50.2	YES	1.2
11	0.8	280	224.0	8.1	7.30	47.5	YES	1.2
12	0.8	280	224.0	8.4	7.30	46.6	YES	1.2
13	0.7	280	196.0	8.8	7.30	44.8	YES	1.4
14	0.7	280	196.0	8.4	7.30	46.0	YES	2.4
15	0.7	280	196.0	7.9	7.30	47.6	YES	1.7
16	0.7	280	196.0	8.8	7.30	44.8	YES	1.3
17	0.7	280	196.0	9.1	7.40	45.5	YES	1.2
18	0.6	280	168.0	9.3	7.30	42.9	YES	1.2
19	0.6	280	168.0	10.0	7.40	42.4	YES	1.2
20	0.5	280	140.0	10.2	7.40	41.4	YES	1.4
21	0.6	280	168.0	9.9	7.40	42.7	YES	1.9
22	0.6	280	168.0	9.0	7.30	43.7	YES	1.4
23	0.6	280	168.0	9.1	7.30	43.5	YES	1.6
24	0.6	280	168.0	10.1	7.30	40.7	YES	1.5
25	0.6	280	168.0	9.6	7.30	42.0	YES	1.5
26	0.6	280	168.0	8.9	7.30	44.0	YES	1.4
27	0.6	280	168.0	8.8	7.30	44.3	YES	1.5
28	0.6	280	168.0	9.1	7.30	43.5	YES	1.5
29	0.5	280	140.0	8.9	7.30	43.5	YES	1.1
30	0.5	280	140.0	8.8	7.30	43.8	YES	1.3
31	0.5	280	140.0	9.2	7.3	#VALUE!	#VALUE!	1.7

<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 July 2018

**Return by 10th of following month by email, fax, or mail to:**  
[dpw.dmc@state.or.us](mailto:dpw.dmc@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350