

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 #: _____ WTP-: 9H91 Month/Year: 1/2021

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					.21		
3					.19		
4					.20		
5					.26		
6					.21		
7					.20		
8					.28		
9					.39		
10					.32		
11					.24		
12					.22		
13					.20		
14					.22		
15					.19		
16					.19		
17					.18		
18					.19		
19					.19		
20					.23		
21					.20		
22					.19		
23					.17		
24					.18		
25					.17		
26					.17		
27					.18		
28					.16		
29					.16		
30					.16		
31					.17		
					.18		

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:	PRINTED NAME: <u>Bill Hood</u>	
	SIGNATURE: <u>Bill Hood</u>	DATE: <u>2/8/2021</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:

Battle Creek Scoat Ranch

ID #:

WTP-: *94191*

Month/Year:

1/2021

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ³	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/	.78	280	218.4	11.5	8.9	100	Y	1.2
2/	.69	280	132	11.7	8.9	100	X	1.5
3/	.60	280	168	14.4	8.9	97	Y	6.8
4/	.52	280	145.6	12.6	8.9	97	Y	3.2
5/	.46	280	128.8	8.1	8.9	97	X	6.1
6/	.42	280	117.6	8.2	8.9	97	Y	2.3
7/	.44	280	123	7.9	8.9	97	Y	24.8
8/	.45	280	126	7.6	9	97	Y	3.3
9/	.45	280	126	6.6	8.9	97	Y	2.2
10/	.43	280	120	7.2	8.9	97	Y	3.3
11/	.45	280	126	7.5	8.9	97	Y	2.9
12/	.40	280	112	8.6	8.9	93	Y	3.5
13/	.42	280	117	9.2	8.9	97	Y	15
14/	.40	280	112	8.6	8.9	93	Y	3.6
15/	.38	280	106	8.1	8.9	93	Y	3.8
16/	.42	280	117	7.6	8.9	97	Y	3.1
17/	.45	280	126	7.7	8.9	97	Y	2.4
18/	.44	280	123	7.1	8.9	97	Y	3.5
19/	.58	280	162	6.6	9	97	X	2.2
20/	.54	280	151	6.3	9	97	Y	2.8
21/	.56	280	156	6.9	9	97	Y	2.0
22/	.56	280	156	6.8	9	97	Y	2.6
23/	.57	280	159	5.8	9	97	Y	2.9
24/	.61	280	170	6	9	100	Y	2.6
25/	.63	280	176	6	9	100	Y	10.5
26/	.78	280	218	5.5	9	100	Y	10.2
27/	.82	280	243	5.4	9	104	Y	2.8
28/	.82	280	229	5.7	9	104	Y	5.0
29/	.81	280	226	5.9	9	104	Y	2.8
30/	.80	280	224	6.2	9	100	Y	3.5
31/	.78	280	218	6.8	9	100	Y	13.4

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/Health/Environment/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf

Return by 10th of following month by email, fax, or mail to:
 dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350