

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 #: 94191 WTP-: _____ Month/Year: 2-21

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					.18		
2					.18		
3					.20		
4					.22		
5					.22		
6					.21		
7					.20		
8					.21		
9					.21		
10					.20		
11					.19		
12					.18		
13							
14							
15							
16							
17							
18							
19					.19		
20					.19		
21					.28		
22							
23							
24					.26		
25					.35		
26					.33		
27					.30		
28					.27		
29					.24		
30					.24		
31					.24		

Slow Sand/Membrane/DE Filtration/Unfiltered Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: <u>Bill Hood</u>	
	SIGNATURE: <u>Bill Hood</u>	DATE: <u>3/4/2021</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: Butte Creek Scout Ranch

ID #: 94191 WTP-:

Month/Year: 2-21

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/	.6	280	168	6.9	8.9	97	Y	2.4
2/	.6	280	168	6.3	9	97	Y	5.1
3/	.6	280	168	6.5	9	97	Y	3.8
4/	.5	280	140	6.6	9	97	Y	3.7
5/	.5	280	140	6.4	9	97	Y	3.5
6/	.5	280	140	6.5	9	97	Y	2.9
7/	.5	280	140	6.9	9	97	Y	3.2
8/	.5	280	140	6.6	9	97	Y	3.7
9/	.5	280	140	6.1	9	97	Y	2.7
10/	.5	280	140	6.0	9	97	Y	18.6
11/	.5	280	140	6.0	9	97	Y	2.3
12/	.4	280	112	5.2	9	93	Y	1.3
13/	-.5	280	140					
14/	-.5	280	140					
15/	-.5	280						
16/	-.5	280						
17/	-.5	280						
18/	.5	280	140	7.1	9	97	Y	2.4
19/	.5	280	140	7.1	9	97	Y	3.1
20/	.5	280	140	6.8	9	97	Y	6.5
21/	.5	280						
22/	.5	280						
23/	.5	280	140	7.2	9	97	Y	4.1
24/	.6	280	168	7.0	9	97	Y	3.4
25/	.5	280	140	6.6	9	97	Y	2.6
26/	.5	280	140	6.2	9	97	Y	1.9
27/	.5	280	140	7.3	9	97	Y	1.8
28/	.4	280	112	7.7	9	93	Y	1.4
29/	.5			7.3	9			1.8
30/	.5			7.6	9			1.4
31/								1.4

system off
power out

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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350