

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: _____ Month/Year: 6/2021

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

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?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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>	
		SIGNATURE: <u>Bill Hood</u>	DATE: <u>7/6/2021</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 Scout Ranch ID #: _____ WTP: _____ Month/Year: 6/2021

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/	.58	182	162	14.5	9.2	73	Y	3
2/	.58	162	162	14.5	9.2	73	Y	6
3/	.57	159	159	14.5	9.2	73	Y	2
4/	.58	162	162	14.4	9.2	73	Y	5
5/	.59	159	159	14.5	9.2	73	Y	7
6/	.61	170	170	14.7	9.2	73	Y	3
7/	.63	176	176	14.7	9.2	75	Y	6
8/	.63	176	176	14.9	9.2	75	Y	4
9/	.65	182	182	14.8	9.2	75	Y	2
10/	.65	182	182	14.9	9.2	75	Y	5
11/	.65	182	182	15.1	9.2	75	Y	7
12/	.65	182	182	15.3	9.3	75	Y	3
13/	.66	184	184	15.3	9.2	75	Y	5
14/	.66	184	184	15.6	9.2	75	Y	2
15/	.66	184	184	15.6	9.3	75	Y	4
16/	.65	182	182	15.8	9.3	75	Y	6
17/	.65	182	182	16.1	9.3	75	Y	3
18/	.65	182	182	16.3	9.3	75	Y	5
19/	.66	184	184	16.3	9.3	75	Y	2
20/	.65	182	182	16.5	9.3	75	Y	7
21/	.65	182	182	16.8	9.3	75	Y	4
22/	.64	179	179	16.8	9.4	75	Y	3
23/	.65	182	182	17.0	9.3	75	Y	6
24/	.65	182	182	17.3	9.3	75	Y	4
25/	.64	179	179	17.5	9.3	75	Y	8
26/	.64	179	179	17.6	9.4	75	Y	5
27/	.64	179	179	17.8	9.3	75	Y	3
28/	.65	182	182	17.9	9.3	75	Y	5
29/	.64	179	179	18.2	9.4	75	Y	7
30/	.64	179	179	18.3	9.3	75	Y	3
31/								

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