

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: 94191 Month/Year: 7-2021

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

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
<b>Monthly Summary</b>			
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	All daily turbidity readings ≤ 5 NTU?	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
<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	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes:		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>Bill Hood</u>	DATE: <u>8-11-2021</u>
		PHONE #: <u>(503) 539-3834</u>	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 Ranch

ID #:

WTP: 94191

Month/Year:

7-2021

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/	.64	280	179.2	18	9.4	49	Y	2.2
2/	.71		198.8	18	9.4	49	Y	4.8
3/	.74		207.2	18	9.4	50	Y	4.5
4/	.76		212.8	18	9.4	50	Y	5.9
5/	.8		224	18	9.4	50	Y	5.5
6/	.78		218.4	18	9.4	50	Y	3.6
7/	.74		207.2	18	9.4	50	Y	10.0
8/	.69		193.2	17	9.4	50	Y	5.1
9/	.65		182	17	9.4	50	Y	7.6
10/	.64		179.2	18	9.4	50	Y	4.6
11/	.62		173.6	18	9.4	50	Y	8.3
12/	.60		168	18	9.4	50	Y	9.1
13/	.56		156.8	18	9.4	49	Y	5.3
14/	.51		142.8	18	9.4	49	Y	6.2
15/	.49		137.2	17	9.4	49	Y	5.3
16/	.57		159.6	17	9.4	49	Y	14.4
17/	.56		156.8	17	9.4	49	Y	9
18/	.51		142.8	17	9.4	49	Y	7.5
19/	.49		137.2	17	9.4	49	Y	6.9
20/	.46		128.8	17	9.4	49	Y	8
21/	.44		123.2	17	9.4	49	Y	5.3
22/	.41		114.8	17	9.4	49	Y	4.7
23/	.4		112	17	9.4	47	Y	6.3
24/	.38		106.4	17	9.4	47	Y	7
25/	.38		106.4	18	9.4	47	Y	9.3
26/	.42		117.6	18	9.4	49	Y	6.8
27/	.41		114.8	18	9.4	49	Y	5
28/	.37		103.6	18	9.4	49	Y	5.7
29/	.41		114.8	19	9.4	49	Y	9.0
30/	.58		162.4	19	9.5	49	Y	8.8
31/	.67		187.6	19	9.5	50	Y	14

<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/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/urb-alt-unfiltered.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