

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 #: 4194191 WTP: _____ Month/Year: 9/2021

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

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
Monthly Summary			
95% of daily turbidity readings ≤ 1 NTU? ²	Yes / No All daily turbidity readings ≤ 5 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / No
Notes:		PRINTED NAME: <u>Bill Hood</u>	
		SIGNATURE: <u>Bill Hood</u>	DATE: <u>10/10/21</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 Water System ID #: 4194191 WTP-: Butte Creek Scout Ranch Month/Year: 9/2021

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/	.41	280	114	15.4	9.5	47	Y	5
2/	.44		123	15.4	9.5	47	Y	11.4
3/	.44		123	15.4	9.5	47	Y	4.8
4/	.40		112	15.7	9.4	47	Y	6.4
5/	.41		114	16.1	9.5	47	Y	6.4
6/	.41		114	16.4	9.5	47	Y	6.3
7/	.46		128	16.3	9.5	47	Y	7.9
8/	.44		123	17	9.5	47	Y	9.0
9/	.46		128	16.7	9.5	47	Y	7.6
10/	.47		131	16.5	9.5	47	Y	7.5
11/	.47		131	16.1	9.5	47	Y	9.2
12/	.50		140	15.8	9.5	47	Y	8.3
13/	.48		134	15.2	9.5	47	Y	8.2
14/	.47		131	15.2	9.5	47	Y	6.3
15/	.47		131	15.4	9.5	47	Y	10.5
16/	.45		126	14.3	9.5	47	Y	7.2
17/	.45		126	14.9	9.5	47	Y	5.2
18/	.45		126	14.9	9.5	47	Y	5.5
19/	.34		95	14.6	9.5	47	Y	26.5
20/	.35		98	14.2	9.4	47	Y	26.5
21/	.40		112	13.1	9.5	47	Y	6.4
22/	.41		114	13.9	9.5	47	Y	2.0
23/	.44		123	14.1	9.5	47	Y	2.8
24/	.48		134	14.1	9.5	47	Y	3.2
25/	.38		106	14.6	9.4	47	Y	5.6
26/	.33		92	14.8	9.4	47	Y	6.0
27/	.32		89	14.4	9.5	47	Y	3.9
28/	.34		95	13.9	9.5	47	Y	8.1
29/	.37		103	13.7	9.5	47	Y	8
30/	.39		109	13.6	9.5	47	Y	2.9
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/HealthvEnvironments/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