

**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Clatsop**  
 Month/Year: **Nov-23**

System Name: **City of Cannon Beach** ID#: **41 -00164** WTP : TP - **A**

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			0.08				0.08
2			0.07				0.07
3			0.05				0.05
4			0.05				0.05
5			0.05				0.05
6			0.05				0.05
7			0.05				0.05
8			0.05				0.05
9			0.05				0.05
10			0.06				0.06
11			0.06				0.06
12			0.06				0.06
13			0.05				0.05
14			0.05				0.05
15			0.05				0.05
16			0.05				0.05
17			0.05				0.05
18			0.05				0.05
19			0.05				0.05
20			0.05				0.05
21			0.05				0.05
22			0.05				0.05
23			0.05				0.05
24			0.05				0.05
25			0.05				0.05
26			0.07				0.07
27			0.06				0.06
28			0.06				0.06
29			0.06				0.06
30			0.05				0.05

		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<b>YES</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<b>YES</b>	<b>YES</b>	<b>YES</b>

<b>Notes:</b>	<b>PRINTED NAME: Daniel Willyard</b>	
	<b>SIGNATURE:</b> <i>Daniel Willyard</i>	<b>DATE: 12/5/23</b>
	<b>PHONE #: (503) 436-8082</b>	<b>CERT #: 1588</b>

<sup>1</sup> Including continuous NTU 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**

WTP- :A

System Name: City of Cannon Beach ID#: 41-00164

Month/Year: Nov-23

Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st 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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.5	336	168.0	10.0	6.96	36.0	YES	475
2	0.53	312	165.4	10.0	6.95	36.0	YES	440
3	0.5	312	156.0	10.0	6.95	35.9	YES	460
4	0.47	301	141.5	10.0	6.98	36.1	YES	475
5	0.37	312	115.4	11.0	6.95	33.2	YES	490
6	0.46	324	149.0	11.0	6.96	33.6	YES	460
7	0.48	312	149.8	11.0	6.95	33.6	YES	475
8	0.5	324	162.0	11.0	6.96	33.8	YES	475
9	0.48	336	161.3	11.0	6.96	33.7	YES	500
10	0.43	336	144.5	10.0	6.95	35.6	YES	540
11	0.38	324	123.1	10.0	6.95	35.4	YES	480
12	0.36	312	112.3	10.0	6.96	35.5	YES	480
13	0.42	312	131.0	10.0	6.95	35.6	YES	475
14	0.41	301	123.4	10.0	6.95	35.5	YES	500
15	0.47	312	146.6	10.0	6.95	35.8	YES	470
16	0.45	291	131.0	10.0	6.96	35.8	YES	475
17	0.52	312	162.2	10.0	6.96	36.1	YES	425
18	0.43	324	139.3	10.0	6.96	35.7	YES	460
19	0.4	324	129.6	10.0	6.96	35.6	YES	490
20	0.41	324	132.8	10.0	6.95	35.5	YES	475
21	0.51	324	165.2	10.0	6.96	36.1	YES	460
22	0.6	336	201.6	10.0	6.96	36.4	YES	460
23	0.56	336	188.2	9.0	6.96	38.7	YES	480
24	0.62	336	208.3	9.0	6.96	38.9	YES	500
25	0.47	324	152.3	10.0	6.95	35.8	YES	520
26	0.5	336	168.0	9.0	6.96	38.4	YES	510
27	0.58	336	194.9	9.0	6.96	38.8	YES	475
28	0.62	349	216.4	9.0	6.96	38.9	YES	450
29	0.57	364	207.5	9.0	6.98	39.0	YES	475
30	0.54	364	196.6	9.0	6.96	38.6	YES	460

<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 November 2022

Return by 10th of following month by email, fax, or mail to:

~~dwp.dmce@oha.oregon.gov~~ 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

[dwp.dmce@odhsoha.oregon.gov](mailto:dwp.dmce@odhsoha.oregon.gov)