

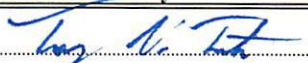
OHA - Drinking Water Program - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Tillamook**  
 Month/Year: **Aug-22**

System Name: **Beaver Water District** ID#: **4100199** WTP: **TP - WTP-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]
8/1/2022		0.043	0.039	0.036			0.043
8/2/2022		0.034	0.034				0.034
8/3/2022		0.033	0.034	0.034			0.034
8/4/2022		0.032	0.032	0.032	0.032		0.032
8/5/2022		0.032	0.043	0.037			0.043
8/6/2022		0.033	0.033	0.033	0.033		0.033
8/7/2022		0.032	0.033	0.033			0.033
8/8/2022		0.032	0.033	0.033			0.033
8/9/2022		0.042	0.040	0.030			0.042
8/10/2022		0.029	0.029	0.028	0.028		0.029
8/11/2022		0.029	0.029	0.028			0.029
8/12/2022		0.033	0.028	0.028			0.033
8/13/2022		0.068	0.031	0.030	0.028		0.068
8/14/2022		0.028	0.028	0.028			0.028
8/15/2022		0.032	0.028	0.028	0.028		0.032
8/16/2022		0.030	0.028	0.031			0.031
8/17/2022		0.084	0.063	0.048	0.034		0.084
8/18/2022		0.043	0.040	0.035			0.043
8/19/2022		0.038	0.032	0.029			0.038
8/20/2022		0.031	0.027	0.027			0.031
8/21/2022		0.049	0.040	0.030			0.049
8/22/2022		0.027	0.056	0.029			0.056
8/23/2022		0.028	0.028				0.028
8/24/2022		0.029	0.028	0.028			0.029
8/25/2022		0.028	0.028	0.028			0.028
8/26/2022		0.037	0.033	0.032			0.037
8/27/2022		0.029	0.029	0.030			0.030
8/28/2022		0.028	0.028	0.028			0.028
7/29/2022		0.027	0.028				0.028
7/30/2022		0.027	0.028	0.028			0.028
7/31/2022		0.027	0.028				0.028

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>  95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / No  All daily turbidity readings $\leq$ 5 NTU? <input checked="" type="radio"/> Yes / No	<b>Monthly Summary (Answer Yes or No)</b> <span style="float: right;">Rev. 7-2-18 T.N.T</span>	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l? <input checked="" type="radio"/> Yes / No

<b>Notes:</b>  _____ _____ _____	<b>PRINTED NAME:</b> <u>Troy N. Trute</u>	
	<b>SIGNATURE:</b> 	<b>DATE:</b> <u>9-7-2022</u>
	<b>PHONE #:</b> (541)992-1655	<b>CERT #:</b> D-08123 T-08076

<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. Page 1 of 2

System Name: Beaver Water	Disinfectio n <i>Giardia</i>
District	Log
ID#: 4100199	1.0
Month/Year: August-22	

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]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.31	97	127.07	17.9	6.39	18.5	Yes	80
2	0.8	97	77.6	18.1	7.91	30.3	Yes	83
3	0.55	97	53.35	17.5	6.46	17.9	Yes	76
4	0.42	97	40.74	16.2	6.58	20.1	Yes	77
5	0.78	97	75.66	16.8	6.65	20.6	Yes	77
6	0.96	97	93.12	18.3	8.11	32.8	Yes	76
7	0.79	97	76.63	17.8	7.94	31.3	Yes	79.3
8	0.65	97	63.05	17.4	6.74	20.2	Yes	77
9	1.19	97	115.43	16.8	7.15	26.1	Yes	78.5
10	0.81	97	78.57	16.7	6.63	20.7	Yes	77
11	0.68	97	65.96	15.7	6.71	22.5	Yes	77
12	0.76	97	73.72	16.8	6.36	18.5	Yes	76
13	1.29	97	125.13	17.2	8.02	35.5	Yes	77.5
14	0.8	97	77.6	16.8	6.42	19.0	Yes	76
15	0.88	97	85.36	16.1	6.68	22.1	Yes	77.5
16	0.75	97	72.75	17.5	6.54	18.8	Yes	74
17	1.02	97	98.94	18.9	7.86	28.9	Yes	77
18	0.7	97	67.9	18.2	6.41	17.0	Yes	74
19	0.7	97	67.9	18.3	7.04	21.4	Yes	74
20	0.81	97	78.57	17.9	6.55	18.5	Yes	74.5
21	1.1	97	106.7	17.4	6.97	23.2	Yes	76.5
22	1.02	97	98.94	18.6	6.57	18.2	Yes	75
23	1.08	97	104.76	18.2	6.67	19.6	Yes	74.5
24	1.07	97	103.79	18.2	6.66	19.5	Yes	76
25	1.01	97	97.97	18.4	6.43	17.5	Yes	75
26	1.5	97	145.5	17.8	7.43	28.1	Yes	77
27	1.25	97	121.25	18.3	6.72	20.2	Yes	75
28	1.06	97	102.82	18	7.73	29.4	Yes	78
29	0.94	97	91.18	16.8	6.63	20.9	Yes	74
30	0.99	97	96.03	16.6	7.23	26.6	Yes	75.5
31	0.81	97	78.57	17.9	6.39	17.4	Yes	73

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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

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