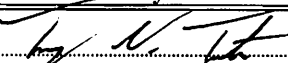


OHA - Drinking Water Program - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Tillamook**
 Month/Year: **Dec-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 ¹ [NTU]	
12/1/2022							Off	
12/2/2022							Off	
12/3/2022							Off	
12/4/2022							Off	
12/5/2022		0.082					0.082	
12/6/2022							Off	
12/7/2022		0.068	0.161				0.161	
12/8/2022		0.038	0.032	0.034			0.038	
12/9/2022		0.044	0.029	0.030			0.044	
12/10/2022		0.052	0.031	0.032	0.034		0.052	
12/11/2022							Off	
12/12/2022		0.035	0.073				0.073	
12/13/2022							Off	
12/14/2022		0.038	0.038	0.037			0.038	
12/15/2022		0.038	0.028				0.038	
12/16/2022		0.090					0.090	
12/17/2022		0.032	0.031	0.031			0.032	
12/18/2022		0.035	0.030	0.028			0.035	
12/19/2022		0.030	0.028				0.030	
12/20/2022							Off	
12/21/2022		0.028					0.028	
12/22/2022		0.038	0.029	0.029			0.038	
12/23/2022							Off	
12/24/2022		0.034	0.033	0.029			0.034	
12/25/2022							Off	
12/26/2022		0.081	0.050	0.100			0.100	
12/27/2022							Off	
12/28/2022							Off	
12/29/2022							Off	
12/30/2022		0.050					0.050	
12/31/2022		0.090					0.090	

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	Monthly Summary (Answer Yes or No) Rev. 7-2-18 T.N.T	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No

Notes:	PRINTED NAME: Troy N. Trute	
	SIGNATURE: 	DATE: 1-9-23
	PHONE #: (541)992-1655	CERT #: D-08123 T-08076

¹ 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. ² Filtered systems only. Page 1 of 2

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

Date / Time	Minimum Cl ₂ Residual at 1st 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]		formula	Yes / No	[GPM]
1	OFF	97	Off			Off	Off	
2	OFF	97	Off			Off	Off	
3	OFF	97	Off			Off	Off	
4	OFF	97	Off			Off	Off	
5	1.19	97	115.43	11.1	6.38	29.7	Yes	66
6	OFF	97	Off			Off	Off	
7	0.95	97	92.15	10.8	6.74	33.3	Yes	69.5
8	0.93	97	90.21	10.2	7.30	42.0	Yes	69
9	0.99	97	96.03	10.1	7.41	44.2	Yes	66
10	0.85	97	82.45	10.5	7.20	39.4	Yes	67
11	OFF	97	Off			Off	Off	
12	0.61	97	59.17	10.8	7.18	37.3	Yes	67
13	OFF	97	Off			Off	Off	
14	0.79	97	76.63	12.2	6.96	32.3	Yes	65
15	0.97	97	94.09	11.6	7.13	36.3	Yes	64
16	0.96	97	93.12	11.4	7.18	37.3	Yes	62
17	0.84	97	81.48	8.1	7.88	58.7	Yes	61
18	0.82	97	79.54	11.2	7.02	35.3	Yes	63
19	0.82	97	79.54	9	7.10	41.8	Yes	61
20	OFF	97	Off			Off	Off	
21	1.02	97	98.94	10.9	7.00	36.5	Yes	66
22	0.8	97	77.6	7.3	7.09	46.5	Yes	62
23	OFF	97	Off			Off	Off	
24	1.08	97	104.76	12.2	7.27	37.1	Yes	65
25	OFF	97	Off			Off	Off	
26	0.8	97	77.6	11.5	7.20	36.7	Yes	65
27	OFF	97	Off			Off	Off	
28	OFF	97	Off			Off	Off	
29	OFF	97	Off			Off	Off	
30	1.15	97	111.55	13.5	6.83	28.8	Yes	64
31	0.93	97	90.21	11.7	6.81	32.2	Yes	53

³ If Cl₂ 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