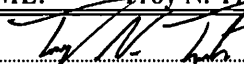


OHA - Drinking Water Program - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Tillamook**

Month/Year: **Feb-23**

System Name: <b>Beaver Water District</b>		ID#: <b>4100199</b>					WTP: <b>TP - WTP-A</b>	
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]	
2/1/2023		0.032	0.066				0.066	
2/2/2023		0.052	0.052				0.052	
2/3/2023		0.050	0.033				0.050	
2/4/2023		0.029					0.029	
2/5/2023		0.030					0.030	
2/6/2023		0.028	0.028				0.028	
2/7/2023		0.049	0.025				0.049	
2/8/2023		0.037	0.025				0.037	
2/9/2023		0.080	0.037	0.031			0.080	
2/10/2023		0.031	0.036				0.036	
2/11/2023		0.039	0.026				0.039	
2/12/2023		0.040					0.040	
2/13/2023		0.029	0.050				0.050	
2/14/2023		0.034	0.025				0.034	
2/15/2023		0.031	0.029				0.031	
2/16/2023		0.032	0.065				0.065	
2/17/2023		0.079	0.048				0.079	
2/18/2023		0.067	0.112	0.054			0.112	
2/19/2023							Off	
2/20/2023							Off	
2/21/2023							Off	
2/22/2023							Off	
2/23/2023							Off	
2/24/2023							Off	
2/25/2023							Off	
2/26/2023		0.190	0.210				0.210	
2/27/2023		0.100					0.100	
2/28/2023		0.046					0.046	

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b> <span style="float: right;">Rev. 7-2-18 T.N.T</span>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<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
<b>Notes:</b>	<b>PRINTED NAME:</b> Troy N. Trute		
	<b>SIGNATURE:</b> 		<b>DATE:</b> 3-9-2023
	<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

System Name: Beaver Water	ID#: 4100199	Month/Year: February-23	Disinfectio n <i>Giardia</i> Log 1.0
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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	0.72	97	69.84	10.6	7.75	46.7	Yes	61
2	0.73	97	70.81	9.1	7.20	42.6	Yes	63
3	0.7	97	67.9	10.1	6.95	36.5	Yes	64
4	0.72	97	69.84	10.4	7.60	44.9	Yes	62
5	0.71	97	68.87	9.5	7.00	38.6	Yes	65
6	0.93	97	90.21	10.7	7.90	50.2	Yes	62
7	0.6	97	58.2	10.7	7.00	35.3	Yes	65
8	0.71	97	68.87	10.7	6.83	33.7	Yes	61
9	0.78	97	75.66	10.4	6.99	36.6	Yes	65
10	0.84	97	81.48	11.1	7.01	35.4	Yes	61
11	0.81	97	78.57	11.1	6.80	32.9	Yes	66
12	1	97	97	11.1	7.70	45.9	Yes	61
13	0.79	97	76.63	11.4	7.99	48.6	Yes	65
14	0.75	97	72.75	8.2	7.30	46.9	Yes	62
15	0.76	97	73.72	9.7	7.32	42.8	Yes	65
16	0.8	97	77.6	9.2	7.43	46.2	Yes	62
17	0.73	97	70.81	10.4	7.25	39.8	Yes	64
18	0.8	97	77.6	9.9	7.12	39.6	Yes	61
19	off	97	Off			Off	Off	
20	off	97	Off			Off	Off	
21	off	97	Off			Off	Off	
22	off	97	Off			Off	Off	
23	off	97	Off			Off	Off	
24	off	97	Off			Off	Off	
25	0.91	97	88.27	8.7	7.59	51.2	Yes	60
26	0.72	97	69.84	9.2	7.30	43.8	Yes	65
27	0.72	97	69.84	10.5	7.20	38.8	Yes	64
28	0.7	97	67.9	10	7.10	38.6	Yes	63

<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