

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

County: **Tillamook**
 Month/Year: **Nov-23**
 WTP: TP - **WTP-A**

System Name:	Beaver Water District		ID#: 4100199				Highest Reading of the day ¹ [NTU]
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	
11/1/2023		0.031					0.031
11/2/2023		0.100					0.100
11/3/2023		0.080					0.080
11/4/2023							Off
11/5/2023							Off
11/6/2023		0.036					0.036
11/7/2023							Off
11/8/2023		0.046					0.046
11/9/2023							Off
11/10/2023		0.039					0.039
11/11/2023							Off
11/12/2023		0.034					0.034
11/13/2023							Off
11/14/2023							Off
11/15/2023		0.033					0.033
11/16/2023							Off
11/17/2023		0.035					0.035
11/18/2023							Off
11/19/2023							Off
11/20/2023							Off
11/21/2023							Off
11/22/2023		0.032					0.032
11/23/2023							Off
11/24/2023		0.032					0.032
11/25/2023							Off
11/26/2023							Off
11/27/2023							Off
11/28/2023							Off
11/29/2023							Off
11/30/2023		0.039					0.039
12/1/2023							Off

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No) Rev. 7-2-18 T.N.T	
95% of daily turbidity readings ≤ 1 NTU? ²	<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
Notes:	PRINTED NAME: Troy N. Trute		
	SIGNATURE: <i>Troy N. Trute</i>		DATE: 12-8-2023
	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	Disinfectio n <i>Giardia</i>
District	Log
ID#: 4100199	Month/Year: November-23
	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	0.54	97	52.38	10.9	6.70	31.3	Yes	66.4
2	0.64	97	62.08	12.3	7.78	41.8	Yes	66.7
3	0.72	97	69.84	12.9	7.70	39.3	Yes	68.9
4	off	97	Off			Off	Off	
5	off	97	Off			Off	Off	
6	0.3	97	29.1	12.5	6.67	26.3	Yes	70.2
7	off	97	Off			Off	Off	
8	0.61	97	59.17	12.1	7.00	32.3	Yes	67.6
9	off	97	Off			Off	Off	
10	0.51	97	49.47	11.9	7.00	32.4	Yes	70
11	off	97	Off			Off	Off	
12	0.64	97	62.08	12	6.80	30.5	Yes	67.1
13	off	97	Off			Off	Off	
14	off	97	Off			Off	Off	
15	0.63	97	61.11	11.8	6.90	31.9	Yes	66
16	off	97	Off			Off	Off	
17	0.71	97	68.87	11.4	6.90	33.0	Yes	69.8
18	off	97	Off			Off	Off	
19	off	97	Off			Off	Off	
20	off	97	Off			Off	Off	
21	off	97	Off			Off	Off	
22	0.4	97	38.8	11.7	6.80	30.3	Yes	69.7
23	off	97	Off			Off	Off	
24	0.68	97	65.96	11.2	6.90	33.3	Yes	67.5
25	off	97	Off			Off	Off	
26	off	97	Off			Off	Off	
27	off	97	Off			Off	Off	
28	off	97	Off			Off	Off	
29	off	97	Off			Off	Off	
30	0.61	97	59.17	11.1	6.80	32.2	Yes	58.3
31	off	97	Off			Off	Off	

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