

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

County: **Tillamook**

Month/Year: **Dec-23**

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]
12/1/2023							Off
12/2/2023							Off
12/3/2023							Off
12/4/2023			0.100				0.100
12/5/2023							Off
12/6/2023							Off
12/7/2023							Off
12/8/2023			0.090				0.090
12/9/2023							Off
12/10/2023							Off
12/11/2023							Off
12/12/2023			0.035				0.035
12/13/2023			0.039				0.039
12/14/2023			0.035				0.035
12/15/2023							Off
12/16/2023							Off
12/17/2023							Off
12/18/2023							Off
12/19/2023							Off
12/20/2023							Off
12/21/2023			0.065				0.065
12/22/2023							Off
12/23/2023							Off
12/24/2023							Off
12/25/2023							Off
12/26/2023							Off
12/27/2023							Off
12/28/2023							Off
12/29/2023							Off
12/30/2023							Off
12/31/2023			0.050				0.050

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: 1-8-2024
		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

System Name: Beaver Water	ID#: 4100199	Month/Year: December-23	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	0.64	97	62.08	13.9	7.00	28.1	Yes	70
5	off	97	Off			Off	Off	
6	off	97	Off			Off	Off	
7	off	97	Off			Off	Off	
8	0.45	97	43.65	13	6.80	27.1	Yes	70
9	off	97	Off			Off	Off	
10	off	97	Off			Off	Off	
11	off	97	Off			Off	Off	
12	0.79	97	76.63	13.9	7.50	34.4	Yes	70
13	0.94	97	91.18	12.6	7.00	31.8	Yes	71
14	0.87	97	84.39	12.8	7.10	32.3	Yes	68
15	off	97	Off			Off	Off	
16	off	97	Off			Off	Off	
17	off	97	Off			Off	Off	
18	off	97	Off			Off	Off	
19	off	97	Off			Off	Off	
20	off	97	Off			Off	Off	
21	0.65	97	63.05	10.3	7.00	36.4	Yes	69
22	off	97	Off			Off	Off	
23	off	97	Off			Off	Off	
24	off	97	Off			Off	Off	
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	off	97	Off			Off	Off	
31	0.7	97	67.9	10.2	7.10	38.1	Yes	69

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