

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

County: **Tillamook**  
 Month/Year: **Jan-24**

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]
1/1/2024							Off
1/2/2024							Off
1/3/2024			0.031				0.031
1/4/2024							Off
1/5/2024			0.030				0.030
1/6/2024							Off
1/7/2024							Off
1/8/2024			0.034				0.034
1/9/2024							Off
1/10/2024							Off
1/11/2024			0.034				0.034
1/12/2024							Off
1/13/2024							Off
1/14/2024							Off
1/15/2024			0.065	0.199			0.199
1/16/2024							Off
1/17/2024							Off
1/18/2024							Off
1/19/2024							Off
1/20/2024							Off
1/21/2024			0.039				0.039
1/22/2024							Off
1/23/2024							Off
1/24/2024							Off
1/25/2024							Off
1/26/2024							Off
1/27/2024							Off
1/28/2024							Off
1/29/2024							Off
1/30/2024			0.080	0.085			0.085
1/31/2024			0.145				0.145

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>  95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / No  All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	<b>Monthly Summary (Answer Yes or No)</b> 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: *Troy N. Trute*

PHONE #: **(541)992-1655**

DATE: **2-6-24**

CERT #: **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 District	ID#: 4100199	Month/Year: January-24	Disinfectio n <i>Giardia</i> Log	WTP-A  1.0
--	--------------	------------------------	--	------------------

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	off	97	Off			Off	Off	
2	off	97	Off			Off	Off	
3	0.6	97	58.2	10.1	7.00	36.7	Yes	69
4	off	97	Off			Off	Off	
5	0.5	97	48.5	10.6	7.00	35.1	Yes	70.6
6	off	97	Off			Off	Off	
7	off	97	Off			Off	Off	
8	0.55	97	53.35	11.6	7.20	35.5	Yes	67.8
9	off	97	Off			Off	Off	
10	off	97	Off			Off	Off	
11	0.41	97	39.77	11.9	7.00	32.0	Yes	69.7
12	off	97	Off			Off	Off	
13	off	97	Off			Off	Off	
14	off	97	Off			Off	Off	
15	0.6	97	58.2	9.7	7.00	37.6	Yes	66.2
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	0.6	97	58.2	11.1	6.70	31.1	Yes	76.2
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	0.6	97	58.2	11.2	7.50	40.6	Yes	64.9
31	0.7	97	67.9	10.6	7.00	35.9	Yes	71

<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