

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

County: **Tillamook**

Month/Year: **Mar-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 ¹ [NTU]
3/1/2024							Off
3/2/2024							Off
3/3/2024							Off
3/4/2024							Off
3/5/2024							Off
3/6/2024							Off
3/7/2024							Off
3/8/2024							Off
3/9/2024							Off
3/10/2024							Off
3/11/2024							Off
3/12/2024							Off
3/13/2024							Off
3/14/2024							Off
3/15/2024							Off
3/16/2024							Off
3/17/2024							Off
3/18/2024		0.049	0.065	0.069			0.069
3/19/2024		0.050					0.050
3/20/2024		0.052	0.076				0.076
3/21/2024		0.036					0.036
3/22/2024							Off
3/23/2024							Off
3/24/2024							Off
3/25/2024							Off
3/26/2024		0.088	0.040				0.088
3/27/2024		0.038					0.038
3/28/2024							Off
3/29/2024							Off
3/30/2024		0.051	0.037	0.037			0.051
3/31/2024							Off

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: <i>Troy N. Trute</i>	DATE: 4-5-2024
	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 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: March-24
	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	off	97	Off			Off	Off	
6	off	97	Off			Off	Off	
7	off	97	Off			Off	Off	
8	off	97	Off			Off	Off	
9	off	97	Off			Off	Off	
10	off	97	Off			Off	Off	
11	off	97	Off			Off	Off	
12	off	97	Off			Off	Off	
13	off	97	Off			Off	Off	
14	off	97	Off			Off	Off	
15	off	97	Off			Off	Off	
16	off	97	Off			Off	Off	
17	off	97	Off			Off	Off	
18	0.7	97	67.9	9.8	6.90	36.5	Yes	62.6
19	0.7	97	67.9	11.7	7.10	34.6	Yes	68.1
20	0.8	97	77.6	12.8	7.00	30.8	Yes	68.6
21	0.8	97	77.6	12.2	6.90	31.7	Yes	67.4
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	0.8	97	77.6	11.5	7.50	40.7	Yes	60.4
27	0.9	97	87.3	11.4	7.80	46.1	Yes	67.6
28	off	97	Off			Off	Off	
29	off	97	Off			Off	Off	
30	0.6	97	58.2	14.5	7.20	29.0	Yes	68.3
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