


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

County: **Tillamook**

Month/Year: **May-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]
5/1/2024							Off
5/2/2024				0.031			0.031
5/3/2024							Off
5/4/2024							Off
5/5/2024							Off
5/6/2024				0.035	0.034		0.035
5/7/2024				0.034	0.029		0.034
5/8/2024							Off
5/9/2024			0.035				0.035
5/10/2024				0.035	0.029		0.035
5/11/2024							Off
5/12/2024							Off
5/13/2024			0.087	0.035			0.087
5/14/2024							Off
5/15/2024							Off
5/16/2024							Off
5/17/2024							Off
5/18/2024							Off
5/19/2024							Off
5/20/2024							Off
5/21/2024							Off
5/22/2024							Off
5/23/2024			0.034				0.034
5/24/2024							Off
5/25/2024			0.033	0.036			0.036
5/26/2024							Off
5/27/2024							Off
5/28/2024			0.033				0.033
5/29/2024			0.038				0.038
5/30/2024			0.034				0.034
5/31/2024			0.033	0.044			0.044

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 / 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 / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No
Notes:		PRINTED NAME: Larry J Chitwood	
		SIGNATURE: 	DATE: 6-4-24
		PHONE #: (503)801-3338	CERT #: 549298

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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : WTP-A

System Name: Beaver Water District	ID#: 4100199	Month/Year: May-24	Disinfection <i>Giardia</i> Log Inactiv: 1.0
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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	0.8	97	77.6	11.1	6.80	32.8	Yes	75.7
3	off	97	Off			Off	Off	
4	off	97	Off			Off	Off	
5	off	97	Off			Off	Off	
6	0.7	97	67.9	10.8	6.90	34.3	Yes	65.6
7	0.7	97	67.9	13.7	7.00	28.7	Yes	67
8	off	97	Off			Off	Off	
9	0.8	97	77.6	12.1	6.80	30.8	Yes	67
10	0.7	97	67.9	15	7.00	26.3	Yes	68.4
11	off	97	Off			Off	Off	
12	off	97	Off			Off	Off	
13	0.7	97	67.9	14.2	7.10	28.8	Yes	69.4
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	off	97	Off			Off	Off	
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	0.6	97	58.2	13.3	7.40	33.8	Yes	69.1
24	off	97	Off			Off	Off	
25	0.8	97	77.6	13.5	7.80	39.6	Yes	68.7
26	off	97	Off			Off	Off	
27	off	97	Off			Off	Off	
28	0.7	97	67.9	13.2	8.00	42.9	Yes	69.9
29	0.6	97	58.2	17.4	8.00	32.1	Yes	67.6
30	0.7	97	67.9	13.3	8.00	42.7	Yes	71
31	0.6	97	58.2	16.2	7.70	31.1	Yes	67.3

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