

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

County: **Tillamook**

Month/Year: **Jul-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]
7/1/2024			0.047	0.047			0.047
7/2/2024			0.038				0.038
7/3/2024				0.037	0.043		0.043
7/4/2024				0.040	0.043		0.043
7/5/2024			0.038	0.042	0.046		0.046
7/6/2024				0.042	0.047		0.047
7/7/2024				0.046			0.046
7/8/2024				0.038			0.038
7/9/2024			0.035	0.036			0.036
7/10/2024				0.034	0.036		0.036
7/11/2024			0.035	0.038	0.039		0.039
7/12/2024				0.038			0.038
7/13/2024			0.037	0.037			0.037
7/14/2024			0.037	0.037			0.037
7/15/2024			0.036	0.034			0.036
7/16/2024			0.037				0.037
7/17/2024			0.037	0.037			0.037
7/18/2024			0.036	0.038			0.038
7/19/2024			0.042	0.043			0.043
7/20/2024			0.037	0.043			0.043
7/21/2024			0.034	0.040			0.040
7/22/2024							Off
7/23/2024			0.037				0.037
7/24/2024			0.035				0.035
7/25/2024			0.034				0.034
7/26/2024			0.040				0.040
7/27/2024			0.035				0.035
7/28/2024							Off
7/29/2024			0.035	0.065			0.065
7/30/2024							Off
7/31/2024			0.051	0.050			0.051

Slow Sand/Membrane/DE Filtration/Unfiltered

Monthly Summary (Answer Yes or No) Rev. 7-3-24 L.J.C

95% of daily turbidity readings \leq 1 NTU? ² Yes / No

CT's met everyday?
(see back)

All Cl₂ residual at entry point
 \geq 0.2 mg/l?

All daily turbidity readings \leq 5 NTU? Yes / No

Yes / No

Yes / No

Notes:

PRINTED NAME: Larry J Chitwood

SIGNATURE: 

DATE: 8-1-24

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: July-24

Disinfection
Giardia Log
Inactiv: 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	0.5	97	48.5	16.8	7.40	26.5	Yes	70
2	0.7	97	67.9	15.3	8.00	37.4	Yes	67.6
3	0.7	97	67.9	16.8	7.40	27.1	Yes	68.8
4	0.7	97	67.9	20	8.40	31.7	Yes	69.4
5	0.7	97	67.9	19.8	7.70	24.8	Yes	69.1
6	0.6	97	58.2	21	7.40	20.2	Yes	68.1
7	0.7	97	67.9	21	8.30	28.6	Yes	68.5
8	0.5	97	48.5	18.5	7.00	20.3	Yes	70.6
9	0.55	97	53.35	18.8	7.00	20.0	Yes	68.2
10	0.5	97	48.5	19.8	7.40	21.6	Yes	69.6
11	0.5	97	48.5	16.8	7.90	31.9	Yes	68.2
12	0.5	97	48.5	18.3	7.30	23.0	Yes	67.9
13	0.7	97	67.9	18.4	7.70	27.2	Yes	67.9
14	0.7	97	67.9	19	7.00	20.1	Yes	68.7
15	0.6	97	58.2	19	7.30	22.2	Yes	67
16	0.7	97	67.9	21.3	7.50	20.8	Yes	67.5
17	0.5	97	48.5	21	7.70	22.3	Yes	67.6
18	0.5	97	48.5	16.3	7.60	29.5	Yes	66.3
19	0.65	97	63.05	21	7.70	22.7	Yes	68.2
20	0.7	97	67.9	19.4	7.50	23.6	Yes	69.1
21	0.7	97	67.9	18.9	7.70	26.3	Yes	67.8
22	off	97	Off			Off	Off	
23	0.5	97	48.5	18.5	7.40	23.6	Yes	68.2
24	0.55	97	53.35	18.7	0.04	0.9	Yes	66.9
25	0.5	97	48.5	17.9	7.20	22.8	Yes	68.5
26	0.6	97	58.2	18.6	7.70	26.5	Yes	67.6
27	0.6	97	58.2	20.5	7.30	20.1	Yes	69.8
28	off	97	Off			Off	Off	
29	0.5	97	48.5	19	7.90	27.5	Yes	68.3
30	off	97	Off			Off	Off	
31	0.5	97	48.5	18.2	7.00	20.7	Yes	68.2

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:

lmce@dhsosha.state.or.us 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-035