

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

County: **Tillamook**
 Month/Year: **Aug-21**
 WTP: TP - **WTP-A**


System Name: **Beaver Water District** ID#: **4100199**

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]
8/1/2021		0.028	0.028	0.027			0.028
8/2/2021		0.027	0.027	0.027			0.027
8/3/2021		0.027	0.027	0.027			0.027
8/4/2021		0.026	0.026	0.026			0.026
8/5/2021		0.027	0.026	0.034			0.034
8/6/2021		0.030	0.030	0.030			0.030
8/7/2021		0.033	0.033	0.031			0.033
8/8/2021		0.028	0.028				0.028
8/9/2021		0.028	0.027	0.027			0.028
8/10/2021		0.027	0.027				0.027
8/11/2021		0.030	0.030	0.029			0.030
8/12/2021		0.027	0.027	0.027	0.027		0.027
8/13/2021		0.028	0.027	0.027	0.027		0.028
8/14/2021		0.031	0.031	0.030	0.029		0.031
8/15/2021		0.027	0.027				0.027
8/16/2021		0.028	0.027	0.027			0.028
8/17/2021		0.031	0.031	0.029			0.031
8/18/2021		0.029	0.028	0.028			0.029
8/19/2021		0.027	0.027	0.027			0.027
8/20/2021		0.029	0.027	0.027			0.029
8/21/2021		0.034	0.030				0.034
8/22/2021		0.028	0.028	0.028			0.028
8/23/2021		0.027	0.027	0.027			0.027
8/24/2021		0.027	0.027	0.027			0.027
8/25/2021		0.031	0.034	0.032			0.034
8/26/2021		0.033	0.033	0.033			0.033
8/27/2021		0.034	0.030	0.030			0.034
8/28/2021		0.028	0.029	0.028			0.029
7/29/2021		0.028	0.028	0.028			0.028
7/30/2021		0.028	0.028				0.028
7/31/2021		0.033	0.034	0.031			0.034

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> 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 / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes:

PRINTED NAME: **Troy N. Trute**

SIGNATURE: 

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

DATE: **9-3-21**

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 correspond to continuous readings' maximum. ² Filtered systems only. Page 1 of 2

System Name: Beaver Water District	ID#: 4100199	Month/Year: July-21	Disinfectio n <i>Giardia</i> Log	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	1.08	97	104.76	20.1	8.56	34.9	Yes	90
2	1.38	97	133.86	18.3	7.20	24.6	Yes	90
3	1.41	97	136.77	16.5	7.92	36.3	Yes	90
4	1.31	97	127.07	17.1	7.78	32.8	Yes	90
5	0.95	97	92.15	18.1	8.09	33.0	Yes	90
6	1.36	97	131.92	17.8	7.67	30.2	Yes	90
7	1.5	97	145.5	17.2	7.30	27.8	Yes	90
8	1.4	97	135.8	16	7.19	28.6	Yes	90
9	1.01	97	97.97	17.5	7.57	28.5	Yes	90
10	1.3	97	126.1	15.8	7.31	30.0	Yes	90
11	1.13	97	109.61	18.8	7.86	29.5	Yes	90
12	0.96	97	93.12	17.9	6.53	18.7	Yes	90
13	0.86	97	83.42	18.8	7.91	29.2	Yes	90
14	1.48	97	143.56	18.2	7.83	31.6	Yes	90
15	1.34	97	129.98	17.8	7.57	29.0	Yes	90
16	1.02	97	98.94	18	7.43	26.2	Yes	90
17	1.92	97	186.24	16.5	7.87	37.8	Yes	90
18	1.21	97	117.37	17	8.00	35.4	Yes	90
19	1.23	97	119.31	16.9	8.07	36.6	Yes	90
20	1.1	97	106.7	16.7	8.09	36.8	Yes	90
21	1.41	97	136.77	16.7	7.64	32.3	Yes	90
22	1.06	97	102.82	16.7	7.89	34.1	Yes	90
23	0.86	97	83.42	17	8.45	40.1	Yes	90
24	1.08	97	104.76	16	7.35	29.3	Yes	90
25	1.02	97	98.94	17.4	8.05	34.3	Yes	90
26	1.35	97	130.95	16.7	8.09	37.9	Yes	90
27	1.21	97	117.37	16.5	7.76	33.5	Yes	90
28	1.25	97	121.25	14.9	7.91	39.5	Yes	90
29	1	97	97	16.2	7.73	33.0	Yes	90
30	0.9	97	87.3	16.4	8.17	37.8	Yes	90
31	1.64	97	159.08	14.3	8.06	45.4	Yes	90

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