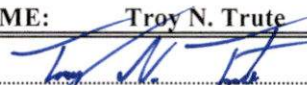


OHA - Drinking Water Program - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Tillamook

Month/Year: Dec-21

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]
12/1/2021		0.027	0.025				0.027
12/2/2021		0.027	0.025	0.025			0.027
12/3/2021		0.026	0.025	0.025			0.026
12/4/2021		0.026	0.026	0.028			0.028
12/5/2021		0.032	0.115	0.038	0.038		0.115
12/6/2021		0.055	0.035	0.031	0.030		0.055
12/7/2021		0.030	0.029	0.028	0.028		0.030
12/8/2021		0.028	0.027	0.027	0.027		0.028
12/9/2021		0.028	0.026	0.026	0.026		0.028
12/10/2021		0.032	0.026	0.026			0.032
12/11/2021							Off
12/12/2021		0.056	0.035	0.030	0.032		0.056
12/13/2021		0.028	0.031	0.045			0.045
12/14/2021		0.055	0.043	0.037			0.055
12/15/2021		0.040	0.031	0.030	0.029		0.040
12/16/2021		0.040	0.028	0.028			0.040
12/17/2021		0.034	0.027	0.027	0.027	0.027	0.034
12/18/2021		0.033	0.026	0.026			0.033
12/19/2021		0.027	0.120	0.028			0.120
12/20/2021		0.170	0.076	0.123			0.170
12/21/2021		0.036	0.116				0.116
12/22/2021		0.052	0.031	0.028			0.052
12/23/2021		0.043	0.026	0.026			0.043
12/24/2021		0.036	0.026	0.026			0.036
12/25/2021		0.028					0.028
12/26/2021		0.033	0.026	0.026			0.033
12/27/2021		0.050	0.035				0.050
12/28/2021		0.037	0.034				0.037
12/29/2022		0.032	0.028	0.028	0.028		0.032
12/30/2022		0.026	0.040	0.028	0.027		0.040
12/31/2022		0.028	0.026	0.026			0.028

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>  95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No  All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No	<b>Monthly Summary (Answer Yes or No)</b> <span style="float: right;">Rev. 7-2-18 T.N.T</span>	
	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
<b>Notes:</b>	PRINTED NAME: Troy N. Trute	
	SIGNATURE: 	DATE:
	PHONE #: (541)992-1655	
		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 correspond to continuous readings' maximum. <sup>2</sup> Filtered systems only. Page 1 of 2

System Name: Beaver Water	Disinfectio n <i>Giardia</i>
District	Log
ID#: 4100199	Month/Year: December-21
	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	2.14	97	207.58	13	6.30	27.3	Yes	76
2	1.98	97	192.06	13	6.47	28.6	Yes	76
3	1.53	97	148.41	12.7	6.45	27.5	Yes	76
4	1.63	97	158.11	11.9	6.91	35.5	Yes	76
5	1.46	97	141.62	11.9	6.60	31.3	Yes	76
6	1.49	97	144.53	11.6	7.53	44.2	Yes	76
7	1.18	97	114.46	11.6	6.84	33.6	Yes	76
8	1.35	97	130.95	13.1	6.65	28.3	Yes	76
9	1.28	97	124.16	12.6	6.60	28.5	Yes	76
10	1.54	97	149.38	11.8	6.54	31.2	Yes	76
11	off	97	Off			Off	Off	76
12	0.9	97	87.3	12.3	5.85	22.6	Yes	76
13	2.05	97	198.85	12.1	5.96	26.7	Yes	76
14	2.78	97	269.66	10.7	6.54	38.3	Yes	76
15	2.12	97	205.64	11.2	6.26	31.4	Yes	76
16	1.71	97	165.87	12.1	6.57	31.5	Yes	76
17	1.64	97	159.08	12.3	6.45	29.6	Yes	76
18	1.73	97	167.81	12.4	6.31	28.4	Yes	76
19	1.68	97	162.96	12.8	6.09	24.3	Yes	76
20	2.02	97	195.94	12.9	6.13	25.5	Yes	76
21	1.76	97	170.72	11.8	7.00	37.4	Yes	76
22	1.83	97	177.51	12.6	5.91	23.4	Yes	76
23	1.52	97	147.44	12.4	6.05	25.5	Yes	76
24	1.3	97	126.1	11.9	6.10	26.1	Yes	76
25	1.29	97	125.13	12.4	6.67	30.5	Yes	76
26	1.5	97	145.5	11.1	6.43	31.3	Yes	76
27	1.97	97	191.09	10.4	6.19	31.7	Yes	76
28	1.89	97	183.33	11	6.34	31.8	Yes	76
29	2.25	97	218.25	9.3	8.27	73.5	Yes	76
30	2.03	97	196.91	9.4	8.06	65.9	Yes	76
31	1.91	97	185.27	11.3	6.16	29.5	Yes	76

<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