

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

County: **Tillamook**  
 Month/Year: **Jan-23**

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]
1/1/2023		0.218					0.218
1/2/2023		0.085	0.052	0.052			0.085
1/3/2023		0.032	0.040				0.040
1/4/2023		OFF					Off
1/5/2023		0.050	0.032				0.050
1/6/2023		0.038					0.038
1/7/2023		0.041	0.055				0.055
1/8/2023		0.030	0.030				0.030
1/9/2023		0.030					0.030
1/10/2023		0.030	0.030				0.030
1/11/2023		0.041	0.034				0.041
1/12/2023		0.041					0.041
1/13/2023		0.032	0.040				0.040
1/14/2023		0.027	0.031				0.031
1/15/2023		0.030					0.030
1/16/2023		0.028					0.028
1/17/2023		0.034					0.034
1/18/2023		0.026	0.030				0.030
1/19/2023		0.029	0.052				0.052
1/20/2023		0.038					0.038
1/21/2023		0.030	0.046	0.025			0.046
1/22/2023		0.034	0.033				0.034
1/23/2023		OFF					Off
1/24/2023		0.029					0.029
1/25/2023		0.048	0.030				0.048
1/26/2023			0.063	0.032			0.063
1/27/2023		0.049	0.097				0.097
1/28/2023		0.066					0.066
1/29/2023		OFF					Off
1/30/2023		0.044	0.039	0.041			0.044
1/31/2023		OFF					Off

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>  95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / No  All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	<b>Monthly Summary (Answer Yes or No)</b> 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	
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Notes:

PRINTED NAME: **Troy N. Trute**

SIGNATURE: *Troy N. Trute* DATE: **2-8-23**

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 may not 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: January-23
	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	0.92	97	89.24	12.1	6.91	32.4	Yes	53
2	1.17	97	113.49	10.4	7.15	40.4	Yes	65
3	1.14	97	110.58	10.5	7.00	37.9	Yes	62.3
4	off	97	Off			Off	Off	
5	0.91	97	88.27	10.9	7.44	42.0	Yes	64
6	0.73	97	70.81	13.5	7.13	30.6	Yes	61.5
7	0.83	97	80.51	10.8	7.62	44.6	Yes	66
8	0.73	97	70.81	10.9	7.80	46.7	Yes	64
9	0.63	97	61.11	11.5	7.00	33.6	Yes	65
10	0.76	97	73.72	10.6	7.50	43.0	Yes	63.4
11	0.84	97	81.48	11.3	7.05	35.5	Yes	61.5
12	0.88	97	85.36	11.7	7.04	34.6	Yes	64
13	1.21	97	117.37	11.1	7.59	45.2	Yes	63.5
14	0.98	97	95.06	10.7	7.72	47.3	Yes	64
15	0.96	97	93.12	11.8	7.20	36.6	Yes	63.5
16	0.85	97	82.45	11.6	7.00	34.2	Yes	66.2
17	0.8	97	77.6	11.4	6.99	34.4	Yes	13.5
18	0.77	97	74.69	10.7	7.18	38.3	Yes	64
19	0.79	97	76.63	10.1	7.32	41.9	Yes	62
20	1.12	97	108.64	11.5	7.20	38.0	Yes	64
21	1.07	97	103.79	11.2	7.20	38.6	Yes	62
22	1	97	97	11.2	7.36	40.4	Yes	64.5
23	off	97	Off			Off	Off	
24	0.96	97	93.12	11.9	7.19	36.3	Yes	62
25	0.94	97	91.18	10.9	7.43	42.0	Yes	65
26	0.99	97	96.03	10.4	7.20	40.3	Yes	60.4
27	0.87	97	84.39	11.1	7.33	39.7	Yes	64
28	0.97	97	94.09	11.5	7.27	38.3	Yes	61
29	off	97	Off			Off	Off	
30	0.82	97	79.54	9	7.60	49.9	Yes	53.2
31	off	97	Off			Off	Off	

<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