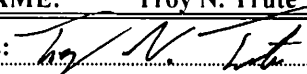


OHA - Drinking Water Program - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Tillamook

Month/Year: Mar-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 ¹ [NTU]	
3/1/2023		0.180					0.180	
3/2/2023							Off	
3/3/2023		0.037	0.048				0.048	
3/4/2023		0.127	0.064				0.127	
3/5/2023							Off	
3/6/2023		0.080	0.027				0.080	
3/7/2023		0.067					0.067	
3/8/2023		0.048	0.033				0.048	
3/9/2023		0.039	0.028				0.039	
3/10/2023		0.037	0.027	0.026			0.037	
3/11/2023		0.034	0.026				0.034	
3/12/2023		0.045	0.045				0.045	
3/13/2023		0.099					0.099	
3/14/2023		0.050	0.057				0.057	
3/15/2023		0.094	0.056				0.094	
3/16/2023		0.052	0.031				0.052	
3/17/2023		0.044	0.059				0.059	
3/18/2023		0.026	0.033				0.033	
3/19/2023		0.080	0.085	0.044			0.085	
3/20/2023		0.030	0.030				0.030	
3/21/2023		0.040					0.040	
3/22/2023		0.039	0.130				0.130	
3/23/2023		0.086					0.086	
3/24/2023		0.092					0.092	
3/25/2023		0.089					0.089	
3/26/2023							Off	
3/27/2023		0.040	0.052	0.046			0.052	
3/28/2023		0.100	0.125				0.125	
3/29/2023		0.126	0.029				0.126	
3/30/2023							Off	
3/31/2023		0.075	0.149				0.149	

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / 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 / No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
Notes:		
PRINTED NAME: Troy N. Trute		
SIGNATURE: 		DATE: 4-7-23
PHONE #: (541) 992-1655		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 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: March-23	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	0.89	97	86.33	10.2	7.26	41.2	Yes	65
2	off	97	Off			Off	Off	
3	0.87	97	84.39	12.6	7.25	34.6	Yes	62
4	0.74	97	71.78	9.6	7.32	43.0	Yes	65
5	off	97	Off			Off	Off	
6	0.88	97	85.36	10	7.01	38.2	Yes	74
7	0.88	97	85.36	10.9	7.14	37.7	Yes	67
8	0.75	97	72.75	9.1	7.25	43.4	Yes	68
9	0.86	97	83.42	10.9	7.16	37.9	Yes	71
10	0.88	97	85.36	11.1	7.25	38.7	Yes	67
11	0.83	97	80.51	10.7	7.20	38.8	Yes	70
12	0.85	97	82.45	11.1	7.25	38.5	Yes	68
13	0.89	97	86.33	9.8	7.30	42.9	Yes	72
14	0.86	97	83.42	9	7.38	46.3	Yes	67
15	0.86	97	83.42	10.8	7.24	39.2	Yes	71
16	0.89	97	86.33	10.1	7.24	41.2	Yes	65
17	0.86	97	83.42	10.5	7.20	39.4	Yes	78
18	0.86	97	83.42	10	7.25	41.4	Yes	67
19	0.8	97	77.6	9.8	7.45	44.7	Yes	71
20	0.84	97	81.48	10.6	7.70	46.6	Yes	68
21	0.77	97	74.69	11.7	7.40	38.7	Yes	69
22	0.93	97	90.21	9.6	6.73	35.8	Yes	70
23	0.99	97	96.03	9.7	7.07	40.3	Yes	66
24	0.93	97	90.21	9.5	6.95	38.9	Yes	73
25	0.73	97	70.81	9.1	7.02	40.0	Yes	69
26	off	97	Off			Off	Off	
27	0.66	97	64.02	8.5	7.35	46.3	Yes	70
28	0.79	97	76.63	8.1	7.50	50.9	Yes	68
29	0.89	97	86.33	9.7	6.83	36.7	Yes	67
30	off	97	Off			Off	Off	
31	0.97	97	94.09	10.4	6.92	36.5	Yes	68

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