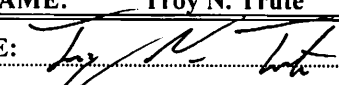


OHA - Drinking Water Program - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Tillamook**

Month/Year: **Apr-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]
4/1/2023			0.076	0.050			0.076
4/2/2023			0.088	0.030			0.088
4/3/2023			0.030	0.036	0.039		0.039
4/4/2023			0.029	0.111			0.111
4/5/2023			0.031	0.027			0.031
4/6/2023			0.052	0.034			0.052
4/7/2023			0.074				0.074
4/8/2023			0.110				0.110
4/9/2023			0.120	0.050			0.120
4/10/2023			Off				Off
4/11/2023			Off				Off
4/12/2023			0.090				0.090
4/13/2023			0.060	0.060			0.060
4/14/2023			0.030	0.028			0.030
4/15/2023			0.030	0.050			0.050
4/16/2023			0.028	0.028			0.028
4/17/2023			0.033				0.033
4/18/2023			0.035				0.035
4/19/2023			0.031	0.026			0.031
4/20/2023			0.050	0.050			0.050
4/21/2023			0.039	0.031			0.039
4/22/2023			0.048	0.052			0.052
4/23/2023			0.033				0.033
4/24/2023			off				Off
4/25/2023			0.038	0.075			0.075
4/26/2023			0.060				0.060
4/27/2023			0.036	0.060			0.060
4/28/2023			0.054	0.035	0.035		0.054
4/29/2023			0.072	0.036	0.028		0.072
4/30/2023			Off				Off
5/1/2023							Off

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings \leq 1 NTU? ² <input checked="" type="radio"/> Yes / No All daily turbidity readings \leq 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 \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / No
Notes:	PRINTED NAME: Troy N. Trute	
	SIGNATURE: 	DATE: 5-8-23
	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.

System Name: Beaver Water	ID#: 4100199	Month/Year: April-23	Disinfectio n <i>Giardia</i>
District			Log 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	0.89	97	86.33	9.7	7.07	39.8	Yes	71
2	0.81	97	78.57	8.9	7.50	48.4	Yes	68
3	0.77	97	74.69	8.7	7.42	47.5	Yes	69
4	0.82	97	79.54	10	7.23	41.0	Yes	65
5	0.64	97	62.08	10	7.16	39.2	Yes	71
6	0.67	97	64.99	9.5	7.15	40.5	Yes	69
7	0.65	97	63.05	11	6.82	32.7	Yes	69
8	0.65	97	63.05	10.5	6.83	33.9	Yes	71
9	0.59	97	57.23	11.3	7.60	41.7	Yes	68
10	off	97	Off			Off	Off	
11	off	97	Off			Off	Off	
12	0.66	97	64.02	10	7.07	38.1	Yes	69
13	0.64	97	62.08	10.6	7.33	40.0	Yes	69
14	0.79	97	76.63	9.5	6.85	37.0	Yes	69
15	0.89	97	86.33	10.2	6.92	36.6	Yes	68
16	1	97	97	9.9	7.10	40.2	Yes	72
17	0.81	97	78.57	11	7.20	37.9	Yes	71
18	0.7	97	67.9	10.4	7.45	42.5	Yes	55
19	0.96	97	93.12	9.5	6.99	39.6	Yes	67
20	0.92	97	89.24	9.4	7.13	41.6	Yes	71
21	0.82	97	79.54	9.6	7.68	49.3	Yes	69
22	0.85	97	82.45	10.2	6.92	36.4	Yes	69
23	0.6	97	58.2	11.7	7.50	39.3	Yes	68.5
24	off	97	Off			Off	Off	
25	0.73	97	70.81	11.8	7.94	46.2	Yes	68
26	0.71	97	68.87	11.1	7.52	41.7	Yes	68
27	0.68	97	65.96	11.8	7.56	40.2	Yes	70
28	0.75	97	72.75	13.3	7.87	40.9	Yes	67
29	0.97	97	94.09	11.9	7.90	46.5	Yes	11.5
30	off	97	Off			Off	Off	
31	off	97	Off			Off	Off	

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