

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Lincoln

Conventional or Direct Filtration

Month/Year:

Aug-21

System Name: Beverly Beach Water District		ID#: 41 00568					WTP : TP - 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]	
1	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
2	0.04	0.04	0.04	0.03	0.05	OFF	0.05	
3	OFF	OFF	OFF	OFF	OFF	0.08	0.08	
4	0.04	0.04	0.04	0.04	0.08	OFF	0.08	
5	OFF	OFF	OFF	OFF	0.04	0.04	0.04	
6	0.04	0.04	0.07	OFF	OFF	OFF	0.07	
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
9	OFF	OFF	OFF	OFF	0.03	0.03	0.03	
10	0.03	0.09	OFF	OFF	0.04	0.03	0.09	
11	0.03	0.08	OFF	0.11	0.03	0.03	0.11	
12	OFF	OFF	OFF	OFF	0.03	OFF	0.03	
13	OFF	OFF	OFF	0.03	0.03	0.03	0.03	
14	OFF	OFF	OFF	0.04	0.04	0.04	0.04	
15	0.04	0.04	OFF	OFF	OFF	OFF	0.04	
16	OFF	OFF	OFF	0.04	0.04	0.04	0.04	
17	OFF	OFF	OFF	0.06	0.04	0.04	0.06	
18	0.04	OFF	OFF	0.04	OFF	OFF	0.04	
19	OFF	OFF	OFF	0.04	0.03	0.03	0.04	
20	0.05	OFF	OFF	0.05	0.04	0.04	0.05	
21	0.04	OFF	OFF	0.08	0.04	0.06	0.08	
22	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
23	OFF	OFF	OFF	0.04	0.04	0.04	0.04	
24	OFF	OFF	OFF	0.07	0.04	0.04	0.07	
25	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
26	OFF	OFF	0.07	0.04	0.05	OFF	0.07	
27	OFF	OFF	OFF	0.04	0.04	0.04	0.04	
28	0.05	OFF	OFF	OFF	OFF	OFF	0.05	
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
30	OFF	OFF	OFF	0.07	0.04	0.04	0.07	
31	0.04	OFF	OFF	OFF	0.04	0.04	0.04	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	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
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:	PRINTED NAME: Aaron Olson
	SIGNATURE:  DATE: 09-08-21
	PHONE #: (503) 487-7591 CERT #: T-09128

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 IFE = Individ. Filter Effl. (333-061-0040(1)(e)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form						WTP - : A	Inactivation
System Name:	Beverly Beach Water District	ID#: 41 00568	Month/Year:	Aug-21	Disinfection <i>Giardia</i> Log Inactive:	1	

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-Aug	1.0	70	70.0	16.1	7.3	28.3	Yes	50
2-Aug	0.8	70	56.0	16.1	6.9	23.8	Yes	50
3-Aug	0.5	70	35.0	17.1	6.9	21.5	Yes	50
4-Aug	0.6	70	42.0	16.8	6.8	21.4	Yes	50
5-Aug	1.0	70	70.0	16.4	7.0	24.8	Yes	50
6-Aug	OFF	70						
7-Aug	OFF	70						
8-Aug	OFF	70						
9-Aug	1.0	70	70.0	16.5	6.9	23.7	Yes	50
10-Aug	0.5	70	35.0	17.3	6.8	20.4	Yes	50
11-Aug	0.6	70	42.0	17.0	7.0	22.7	Yes	50
12-Aug	0.7	70	49.0	17.0	6.8	21.4	Yes	50
13-Aug	0.5	70	35.0	17.2	7.0	22.2	Yes	50
14-Aug	1.0	70	70.0	16.5	6.7	22.0	Yes	50
15-Aug	OFF	70						
16-Aug	1.2	70	84.0	16.6	7.1	26.0	Yes	50
17-Aug	1.0	70	70.0	16.3	6.9	24.1	Yes	50
18-Aug	OFF	70						
19-Aug	0.5	70	35.0	16.4	6.8	21.7	Yes	50
20-Aug	0.4	70	28.0	16.7	7.5	27.3	Yes	50
21-Aug	1.1	70	77.0	16.8	7.3	27.3	Yes	50
22-Aug	OFF	70						
23-Aug	0.4	70	28.0	16.4	6.8	21.5	Yes	50
24-Aug	1.0	70	70.0	15.7	6.8	24.1	Yes	50
25-Aug	OFF	70						
26-Aug	0.5	70	35.0	15.8	6.8	22.6	Yes	50
27-Aug	0.6	70	42.0	16.1	6.8	22.4	Yes	50
28-Aug	OFF	70						
29-Aug	OFF	70						
30-Aug	0.6	70	42.0	15.5	7.4	29.2	Yes	50
31-Aug	0.8	70	56.0	15.3	7.0	26.1	Yes	50

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Oregon DHS - Drinking Water Services – Surface Water Quality Data

System Name: Beverly Beach WD **ID#** 41 00568 **Month/Year:** Aug / 2021

Minimum UVT [%] during month: LAB Duty sensor variation from reference sensor %: _____ Reference Sensor test in manual

Minimum Validated UVT : {Insert Req'd Value} 88%

Date	Peak Hourly Demand Flow	Minimum Intensity	All Lamps On?	Daily Water Produced {A}	Water outside Validated Conditions {B}	Cumulative % Off-Spec Water Produced
	[gpm/unit]	[^{mW} /cm ²]	[Y or N]	[gal]	[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100 [%]
1	50	1.04	Y	9422	100	1.06%
2	50	0.98	Y	42398	500	1.17%
3	50	0.94	Y	11520	200	0.17%
4	50	0.89	Y	57520	550	0.96%
5	50	0.89	Y	20680	200	0.96%
6	50	0.99	Y	20680	150	0.73%
7	OFF					
8	OFF					
9	50	0.84	Y	20320	300	1.50%
10	50	0.9	Y	39711	400	1%
11	50	0.83	Y	48266	600	1.20%
12	50	0.74	Y	37136	250	0.78%
13	50	0.73	Y	36640	400	1.00%
14	50	0.72	Y	39409	500	1.30%
15	50	0.64	Y	24251	300	1.20%
16	50	0.62	Y	35179	550	1.60%
17	50	0.52	Y	52491	750	1.40%
18	OFF					
19	50	1.29	Y	43652	250	0.57%
20	50	1.04	Y	44532	250	0.56%
21	50	0.09	Y	56660	300	0.58%
22	OFF					
23	50	0.87	Y	45760	400	0.87%
24	50	0.95	Y	40020	250	0.62%
25	OFF					
26	50	0.91	Y	34940	350	1.00%
27	50	0.89	Y	45088	350	0.77%
28	50	1.05	Y	6012	0	0.00%
29	OFF					
30	50	0.75	Y	41396	300	0.72%
31	50	0.73	Y	38461	300	0.78%

Monthly Cumulative % Off-Spec Water Produced **22.50%**

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Signature: 

Op Cert #: T-09128

Date: 9/9/2021