

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County:

Lincoln

Conventional or Direct Filtration

Month/Year:

Jan-22

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	OFF	0.05	0.05	0.05	0.03	OFF	0.05	
3	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
4	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
5	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
6	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
8	OFF	0.02	0.02	0.02	0.02	0.02	0.02	
9	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
10	0.02	0.02	0.02	0.02	0.02	0.20	0.20	
11	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
12	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
13	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
14	0.02	OFF	OFF	OFF	0.02	0.02	0.02	
15	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
16	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
17	0.02	0.02	0.02	0.02	0.08	0.02	0.08	
18	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
19	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
20	OFF	OFF	OFF	OFF	OFF	OFF	OFF	
21	OFF	0.10	0.04	0.02	0.02	0.02	0.10	
22	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
23	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
24	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
25	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
26	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
27	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
28	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
29	0.02	0.02	0.02	0.02	0.02	0.02	0.02	
30	0.02	0.02	0.02	0.02	0.10	OFF	0.10	
31	OFF	OFF	OFF	OFF	OFF	OFF	OFF	

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: 02-03-22
	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:	Jan-22	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-Jan	OFF	70						
2-Jan	0.9	70	63.0	9.0	7.5	48.6	Yes	50
3-Jan	OFF	70						
4-Jan	OFF	70						
5-Jan	OFF	70						
6-Jan	OFF	70						
7-Jan	OFF	70						
8-Jan	1.3	70	91.0	9.0	7.0	42.6	Yes	50
9-Jan	1.4	70	98.0	9.0	7.4	49.6	Yes	50
10-Jan	1.2	70	84.0	9.0	7.1	43.6	Yes	50
11-Jan	1.6	70	112.0	12.0	6.7	32.7	Yes	50
12-Jan	1.5	70	105.0	12.0	6.8	33.5	Yes	50
13-Jan	1.5	70	105.0	11.0	7.1	39.6	Yes	50
14-Jan	1.2	70	84.0	11.0	7.5	44.0	Yes	50
15-Jan	1.6	70	112.0	11.0	7.4	44.5	Yes	50
16-Jan	1.6	70	112.0	10.0	7.0	41.3	Yes	50
17-Jan	1.5	70	105.0	11.0	7.0	38.2	Yes	50
18-Jan	1.6	70	112.0	11.0	7.1	40.0	Yes	50
19-Jan	OFF	70						
20-Jan	OFF	70						
21-Jan	1.5	70	105.0	10.0	6.9	39.4	Yes	50
22-Jan	1.3	70	91.0	10.0	7.2	42.8	Yes	50
23-Jan	1.4	70	98.0	10.0	7.8	53.5	Yes	50
24-Jan	1.4	70	98.0	9.0	7.6	53.3	Yes	50
25-Jan	1.5	70	105.0	9.0	7.0	43.6	Yes	50
26-Jan	1.2	70	84.0	9.0	6.9	40.7	Yes	50
27-Jan	1.5	70	105.0	8.0	7.2	50.0	Yes	50
28-Jan	1.3	70	91.0	8.0	7.5	54.4	Yes	50
29-Jan	1.2	70	84.0	9.0	7.0	42.1	Yes	50
30-Jan	1.4	70	98.0	9.0	7.4	49.6	Yes	50
31-Jan	OFF	70						

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:** Jan / 2022

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} / _{cm²}]	[Y or N]	[gal]	[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100 [%]
1	50	0.56	Y	53700	20.1	1.90%
2	OFF	OFF	OFF	OFF	OFF	
3	OFF	OFF	OFF	OFF	OFF	
4	50	1.10	Y	3500	1.5	1.40%
5	OFF	OFF	OFF	OFF	OFF	
6	OFF	OFF	OFF	OFF	OFF	
7	OFF	OFF	OFF	OFF	OFF	
8	50	0.54	Y	71505	23.12	1.60%
9	50	0.63	Y	73094	15.75	1.20%
10	50	0.52	Y	65149	19.95	2%
11	50	0.54	Y	72122	21.11	1.50%
12	50	0.50	Y	68800	23.12	1.70%
13	50	0.49	Y	75072	29.15	1.90%
14	50	0.50	Y	34149	19.95	2.40%
15	50	0.55	Y	74854	24.12	1.60%
16	50	0.53	Y	68670	32.16	2.30%
17	50	0.52	Y	77072	26.13	1.70%
18	50	0.46	N	33750	106.53	9.90%
19	OFF	OFF	OFF	OFF	OFF	
20	OFF	OFF	OFF	OFF	OFF	
21	50	0.50	Y	72850	17.85	1.20%
22	50	0.57	Y	72850	20.1	1.40%
23	50	0.55	Y	72850	24.12	1.60%
24	50	0.54	Y	71432	17.85	1.20%
25	50	0.52	Y	74688	20.1	1.30%
26	50	0.50	Y	73132	20.1	1.40%
27	50	0.48	Y	73132	18.9	1.20%
28	50	0.45	Y	73132	31.16	2.10%
29	50	0.46	Y	74688	18.9	1.20%
30	50	0.48	Y	81348	18.9	1.80%
31	OFF	OFF	OFF	OFF	OFF	

Monthly Cumulative % Off-Spec Water Produced **45.50%**

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Signature: 

Op Cert #: T-09128

Date: 2/3/2022