

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln
 Month/Year: Nov-23

Conventional or Direct Filtration

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-Nov	0.04	0.05	0.05	0.04	0.04	0.13	0.13
2-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5-Nov	OFF	OFF	OFF	0.03	0.03	0.03	0.03
6-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9-Nov	OFF	OFF	OFF	0.04	0.13	OFF	0.13
10-Nov	0.10	OFF	OFF	OFF	0.03	0.03	0.10
11-Nov	0.04	0.03	0.11	OFF	OFF	OFF	0.11
12-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13-Nov	0.10	OFF	OFF	0.04	0.04	0.03	0.10
14-Nov	0.03	0.13	OFF	OFF	OFF	OFF	0.13
15-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
16-Nov	OFF	OFF	OFF	OFF	0.04	0.04	0.04
17-Nov	0.04	0.04	0.04	0.06	0.13	OFF	0.13
18-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20-Nov	OFF	OFF	OFF	OFF	0.10	0.07	0.10
21-Nov	OFF	OFF	OFF	OFF	0.03	0.04	0.04
22-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
23-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
25-Nov	OFF	0.04	0.03	0.03	0.04	0.11	0.11
26-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
27-Nov	OFF	OFF	OFF	OFF	OFF	OFF	OFF
28-Nov	OFF	0.03	0.03	0.03	0.07	0.15	0.15
29-Nov	OFF	OFF	OFF	OFF	0.05	0.05	0.05
30-Nov	0.03	0.03	0.03	0.03	0.07	0.14	0.14

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<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: JJ Olson	
		SIGNATURE: <i>Jeffrey Olson</i>	DATE: 12/09/23
		PHONE #: (503) 554-8333	CERT #: T766039

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:	Nov-23	Disinfection Giardia 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-Nov	1.2	70	84.0	11.0	7.5	44.0	Yes	50
2-Nov	OFF							
3-Nov	OFF							
4-Nov	OFF							
5-Nov	1.3	70	91.0	13.0	7.4	37.3	Yes	50
6-Nov	OFF							
7-Nov	OFF							
8-Nov	OFF							
9-Nov	1.7	70	119.0	12.0	7.5	43.6	Yes	50
10-Nov	1.0	70	70.0	14.0	7.4	33.8	Yes	50
11-Nov	1.5	70	105.0	13.0	7.8	44.3	Yes	50
12-Nov	OFF							
13-Nov	1.5	70	105.0	13.0	7.6	41.1	Yes	50
14-Nov	1.2	70	84.0	13.0	7.3	35.6	Yes	50
15-Nov	OFF							
16-Nov	1.3	70	91.0	12.0	7.4	40.2	Yes	50
17-Nov	1.2	70	84.0	11.0	7.2	39.6	Yes	50
18-Nov	OFF							
19-Nov	OFF							
20-Nov	1.6	70	112.0	10.0	7.6	51.0	Yes	50
21-Nov	1.0	70	70.0	12.0	7.7	43.2	Yes	50
22-Nov	OFF							
23-Nov	OFF							
24-Nov	OFF							
25-Nov	1.6	70	112.0	9.0	7.8	58.6	Yes	50
26-Nov	OFF							
27-Nov	OFF							
28-Nov	1.0	70	70.0	8.0	7.3	48.9	Yes	50
29-Nov	0.8	70	56.0	9.0	7.4	46.3	Yes	50
30-Nov	2.0	70	140.0	8.0	7.8	65.7	Yes	50

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

Revised July 2018

dwp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

Oregon DHS - Drinking Water Services – Surface Water Quality Data

System Name: Beverly Beach WD **ID#** 41 00568 **Month/Year:** Nov / 2023
Minimum UVT [%] during month: 95.7 **Duty sensor variation from reference sensor %:** 0.00%
Minimum Validated UVT : 92% <20% required, <10% recommended

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	1.00	Y	63,790	250	0.39%
2	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	OFF
5	50	1.46	Y	30,220	150	0.50%
6	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	OFF	OFF	OFF
9	50	1.27	Y	30,358	150	0.49%
10	50	1.41	Y	30,283	50	0.17%
11	50	1.31	Y	30,338	100	0.33%
12	OFF	OFF	OFF	OFF	OFF	OFF
13	50	1.27	Y	51,315	100	0.19%
14	50	1.43	Y	13,995	100	0.71%
15	OFF	OFF	OFF	OFF	OFF	OFF
16	50	1.42	Y	27,674	150	0.54%
17	50	1.12	Y	50,977	200	0.39%
18	OFF	OFF	OFF	OFF	OFF	OFF
19	OFF	OFF	OFF	OFF	OFF	OFF
20	50	1.42	Y	33,308	350	1.05%
21	50	0.96	Y	55,262	400	0.72%
22	OFF	OFF	OFF	OFF	OFF	OFF
23	OFF	OFF	OFF	OFF	OFF	OFF
24	OFF	OFF	OFF	OFF	OFF	OFF
25	50	1.04	Y	69,310	500	0.72%
26	OFF	OFF	OFF	OFF	OFF	OFF
27	OFF	OFF	OFF	OFF	OFF	OFF
28	50	1.05	Y	64,200	350	0.55%
29	50	8.92	Y	2979	0	0.00%
30	50	1.93	Y	71,496	0	0.00%

Monthly Cumulative % Off-Spec Water Produced **0.46%**

Must be less than 5%

Signature: Jeffrey Olson **Op Cert #:** T766039 **Date:** 12/9/2023