

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Lincoln

Conventional or Direct Filtration

Month/Year: Jun-24

System Name: Beverly Beach Water District ID#: 41 00568 WTP : TP - A

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	12 PM [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day ¹ [NTU]
1-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
3-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
4-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
5-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
6-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
7-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9-Jun	0.02	0.02	0.16	0.02	0.02	0.08	0.16
10-Jun	OFF	OFF	0.02	0.02	0.13	OFF	0.13
11-Jun	OFF	OFF	OFF	OFF	OFF	0.01	0.01
12-Jun	0.02	0.07	OFF	OFF	OFF	OFF	0.07
13-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
14-Jun	OFF	0.02	0.02	0.06	OFF	OFF	0.06
15-Jun	OFF	0.02	0.02	0.14	OFF	OFF	0.14
16-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
17-Jun	0.05	0.02	0.03	0.20	OFF	OFF	0.20
18-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
19-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
20-Jun	OFF	0.02	0.02	0.09	0.20	OFF	0.20
21-Jun	0.03	0.02	0.07	OFF	0.02	0.02	0.07
22-Jun	0.08	OFF	OFF	OFF	OFF	OFF	0.08
23-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
24-Jun	OFF	0.02	0.02	0.18	0.02	0.08	0.18
25-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
26-Jun	OFF	OFF	0.02	0.02	0.20	OFF	0.20
27-Jun	OFF	0.02	0.03	OFF	OFF	OFF	0.03
28-Jun	OFF	OFF	0.02	0.05	OFF	OFF	0.05
29-Jun	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30-Jun	OFF	0.02	0.02	0.02	OFF	OFF	0.02

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: JJ Olson
	SIGNATURE: <i>Jeffrey Olson</i> DATE: 07/09/24
	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:	Jun-24	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-Jun	OFF							
2-Jun	OFF							
3-Jun	OFF							
4-Jun	OFF							
5-Jun	OFF							
6-Jun	OFF							
7-Jun	OFF							
8-Jun	1.2	70	84.0	13.0	7.4	36.9	Yes	50
9-Jun	1.7	70	119.0	14.0	7.8	42.4	Yes	50
10-Jun	1.7	70	119.0	13.0	8.1	50.5	Yes	50
11-Jun	1.3	70	91.0	13.0	7.5	38.7	Yes	50
12-Jun	1.1	70	77.0	14.0	7.5	35.4	Yes	50
13-Jun	OFF							
14-Jun	1.2	70	84.0	13.0	7.3	35.6	Yes	50
15-Jun	1.0	70	70.0	13.0	7.2	33.5	Yes	50
16-Jun	OFF							
17-Jun	1.1	70	77.0	13.0	7.3	35.2	Yes	50
18-Jun	1.3	70	91.0	14.0	7.8	40.5	Yes	50
19-Jun	1.4	70	98.0	14.0	7.7	39.5	Yes	50
20-Jun	1.6	70	112.0	14.0	7.8	41.9	Yes	50
21-Jun	1.5	70	105.0	14.0	7.7	39.9	Yes	50
22-Jun	1.4	70	98.0	15.0	7.6	35.6	Yes	50
23-Jun	OFF							
24-Jun	1.6	70	112.0	14.0	7.9	43.5	Yes	50
25-Jun	OFF							
26-Jun	1.2	70	84.0	13.0	7.7	41.2	Yes	50
27-Jun	1.0	70	70.0	13.0	7.1	32.3	Yes	50
28-Jun	1.1	70	77.0	14.0	7.3	32.9	Yes	50
29-Jun	OFF							
30-Jun	1.0	70	70.0	14.0	7.2	31.4	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:** Jun / 2024
Minimum UVT [%] during month: 96.8 **Duty sensor variation from reference sensor %:** 1.00%
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	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	OFF	OFF	OFF	OFF
3	OFF	OFF	OFF	OFF	OFF	OFF
4	OFF	OFF	OFF	OFF	OFF	OFF
5	OFF	OFF	OFF	OFF	OFF	OFF
6	OFF	OFF	OFF	OFF	OFF	OFF
7	OFF	OFF	OFF	OFF	OFF	OFF
8	50	2.07	Y	28908	0	0.00%
9	50	1.75	Y	72270	0	0.00%
10	50	1.88	Y	44968	0	0.00%
11	50	2.18	Y	21528	0	0.00%
12	50	2.12	Y	24840	0	0.00%
13	OFF	OFF	OFF	OFF	OFF	OFF
14	50	1.74	Y	43413	0	0.00%
15	50	2	Y	38922	0	0.00%
16	OFF	OFF	OFF	OFF	OFF	OFF
17	50	1.65	Y	37910	50	0.13%
18	50	2.82	Y	5502	0	0.00%
19	OFF	OFF	OFF	OFF	OFF	OFF
20	50	2.13	Y	47050	0	0.00%
21	50	2	Y	59280	0	0.00%
22	50	1.82	Y	8460	0	0.00%
23	OFF	OFF	OFF	OFF	OFF	OFF
24	50	1.8	Y	66950	0	0.00%
25	OFF	OFF	OFF	OFF	OFF	OFF
26	50	1.47	Y	33746	50	0.15%
27	50	1.61	Y	32760	50	0.15%
28	50	1.64	Y	31504	50	0.16%
29	OFF	OFF	OFF	OFF	OFF	OFF
30	50	1.67	Y	41002	150	0.37%
Monthly Cumulative % Off-Spec Water Produced						0.05%

Must be less than 5%

Signature: Jeffrey Olson

Op Cert #: T766039

Date: 7/9/2024