


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

County: **Tillamook**  
 Month/Year: **Jun-23**

System Name: **OPRD Oswald West SP** ID#: **41** 91009 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 <sup>1</sup> [NTU]
1			0.31				
2			0.24				
3			0.35				
4			0.34				
5			0.36				
6			0.36				
7				0.31			
8			0.37				
9			0.27				
10			0.26				
11			0.30				
12			0.31				
13				0.36			
14				0.32			
15			0.34				
16			0.32				
17			0.29				
18			0.33				
19			0.34				
20			0.28				
21				0.33			
22			0.37				
23			0.31				
24			0.24				
25			0.26				
26			0.36				
27			0.35				
28			0.37				
29			0.27				
30			0.26				
31							

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <b>Yes</b>	CT's met everyday? (see back) <b>Yes</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b>
All daily turbidity readings ≤ 5 NTU? <b>Yes</b>		

Notes: X indicates no turbidity taken due to water system shutdown.	PRINTED NAME: <b>Brian Dodge</b>	
	SIGNATURE: 	<b>6/30/2023</b>
	PHONE #: <b>(503) 801 4652</b>	CERT #: <b>N/A</b>

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP: : A

System Name: OPRD Oswald West SP ID#: 41 91009

Month/Year: 6/2023

Disinfection *Giardia* Log

Inactiv: 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	3.5	24	84.1	10.2	7.20	54.3	YES	20
2	3.3	24	79.3	10.6	7.00	48.1	YES	20
3	3.1	24	74.5	11.9	7.20	46.3	YES	20
4	3.4	24	81.7	10.8	7.00	48.0	YES	20
5	4	24	96.1	10.6	7.20	56.0	YES	20
6	3.7	24	88.9	10.7	7.10	51.8	YES	20
7	3.8	24	91.3	10.2	7.20	56.2	YES	20
8	3.3	24	79.3	10.0	7.30	55.7	YES	20
9	3.6	24	86.5	10.9	7.10	50.5	YES	20
10	3.5	24	84.1	11.6	7.10	47.7	YES	20
11	3.5	24	84.1	11.4	7.20	50.1	YES	20
12	4	24	96.1	10.0	7.10	56.2	YES	20
13	3.2	24	76.9	12.2	7.00	42.8	YES	20
14	3.5	24	84.1	11.9	7.00	45.1	YES	20
15	3.4	24	81.7	13.8	7.00	38.8	YES	20
16	3	24	72.1	12.9	7.00	39.3	YES	20
17	3.2	24	76.9	13.4	7.10	40.4	YES	20
18	3.2	24	76.9	13.6	7.10	39.9	YES	20
19	3.5	24	84.1	13.0	7.00	41.4	YES	20
20	3.4	24	81.7	12.6	7.00	42.0	YES	20
21	3.5	24	84.1	12.4	6.90	42.1	YES	20
22	3.7	24	88.9	12.1	7.10	47.2	YES	20
23	3.8	24	91.3	11.9	7.00	46.7	YES	20
24	3.6	24	86.5	12.0	6.90	43.8	YES	20
25	3.5	24	84.1	11.8	7.00	45.4	YES	20
26	3.3	24	79.3	12.3	6.90	41.5	YES	20
27	3.7	24	88.9	11.3	6.90	46.4	YES	20
28	2.9	24	69.7	11.1	6.90	42.9	YES	20
29	3.3	24	79.3	11.3	7.10	47.5	YES	20
30	3	24	72.1	12.0	7.00	42.4	YES	20
31								20

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised September 2016

Return by 10th of following month by email, fax, or mail to:

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