


OHA - Drinking Water Services – Turbidity Monitoring Report Form County:  
Slow Sand, Membrane, Diatomaceous Earth Filtration or Unfiltered Systems

System Name: OPRD BEVERLY BEACH STATE PARK ID #: 4191052 WTP-: Month/Year: JULY 2024

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	OFF	OFF	OFF	OFF	OFF	OFF	OFF
2	OFF	OFF	OFF	OFF	OFF	OFF	OFF
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	0.059	0.060	0.059	1000/0.060
7	0.059	0.071	0.059	OFF	0.060	OFF	0900/0.071
8	OFF	OFF	OFF	OFF	OFF	OFF	OFF
9	OFF	OFF	OFF	0.055	0.057	OFF	1600/0.057
10	OFF	OFF	OFF	OFF	OFF	OFF	OFF
11	OFF	OFF	OFF	OFF	OFF	OFF	OFF
12	OFF	OFF	OFF	OFF	OFF	OFF	OFF
13	OFF	OFF	OFF	OFF	0.053	0.055	2000/0.055
14	0.056	0.056	0.055	0.058	0.056	0.057	1200/0.058
15	0.056	0.057	0.057	0.059	0.070	0.058	1600/0.070
16	0.059	0.058	0.058	OFF	OFF	OFF	12am/0.059
17	OFF	OFF	OFF	0.059	OFF	OFF	1200/0.059
18	OFF	OFF	OFF	0.057	OFF	OFF	1200/0.057
19	OFF	OFF	OFF	0.060	0.058	OFF	1200/0.060
20	OFF	OFF	OFF	0.110	0.060	0.059	1200/0.110
21	0.059	0.059	0.059	0.064	0.390	OFF	1600/0.390
22	OFF	OFF	OFF	0.057	0.057	OFF	1200,1600/0.057
23	OFF	OFF	OFF	OFF	0.059	OFF	1600/0.059
24	OFF	OFF	OFF	0.060	OFF	OFF	1200/0.060
25	OFF	OFF	OFF	0.061	0.058	OFF	1200/0.061
26	OFF	OFF	OFF	0.230	0.057	OFF	1200/0.230
27	OFF	OFF	OFF	0.054	0.053	0.052	1200/0.054
28	0.055	0.056	0.057	0.054	0.055	OFF	0800/0.057
29	OFF	OFF	OFF	OFF	OFF	OFF	OFF
30	OFF	OFF	OFF	0.057	0.055	OFF	1200/0.057
31	OFF	OFF	OFF	0.055	OFF	OFF	1200/0.055

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
Monthly Summary 95% of daily turbidity readings ≤ 1 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:	PRINTED NAME: James Piccolotti SIGNATURE:  PHONE #: (541) 2654560 DATE: 8-3-2024 CERT #: D-08535-1 T-08560-1	

<sup>1</sup> Including continuous turbidity 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

System Name: OPRD BEVERLY BEACH STATE PARK

ID #: 4191052 WTP-:

Month/Year: JULY 2024

Date / Time	Minimum Cl <sub>2</sub> Residual at 1 <sup>st</sup> 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]		Use tables	Yes / No	[GPM]
1 / 0926	0.75	13891	10418	13.6	7.1	39	YES	2.2
2 / 0926	0.68	56933	34635	13.8	7.1	39	YES	0.6
3 / 1016	0.69	30560	21086	13.9	7.1	39	YES	1.0
4 / 0922	0.57	50955	30051	14.0	7.1	39	YES	0.6
5 / 0922	0.46	23508	10814	14.1	7.1	39	YES	1.3
6 / 0924	0.56	16978	9508	14.2	7.1	39	YES	1.8
7 / 0927	0.52	17976	9348	14.4	7.1	39	YES	1.7
8 / 0905	0.89	2465	2193	14.8	7.1	39	YES	12.4
9 / 0924	0.53	8489	4499	14.8	7.1	39	YES	3.6
10 / 0929	0.28	2137	598	14.8	7.1	39	YES	14.3
11 / 0925	0.45	357	161	15.2	7.1	39	YES	85.6
12 / 1022	0.52	2568	1335	15.3	7.1	39	YES	11.9
13 / 1013	0.67	3056	2048	15.6	7.1	39	YES	10.0
14 / 0911	0.62	2505	1553	15.8	7.1	39	YES	12.2
15 / 0928	0.61	2199	1341	15.9	7.1	39	YES	13.9
16 / 0919	0.64	2676	1331	15.7	7.1	39	YES	14.7
17 / 1027	0.53	1559	826	15.9	7.1	39	YES	14.6
18 / 0920	0.33	2590	855	15.8	7.1	39	YES	11.8
19 / 0915	0.74	2298	1700	15.8	7.1	39	YES	13.3
20 / 0908	0.67	2298	1539	15.7	7.1	39	YES	13.3
21 / 0903	0.69	2167	1495	15.6	7.1	39	YES	14.1
22 / 0926	0.70	3151	2205	15.8	7.1	39	YES	9.7
23 / 0920	0.73	854	623	15.6	7.1	39	YES	35.8
24 / 0910	0.93	1069	944	15.9	7.1	39	YES	28.6
25 / 0910	0.41	907	825	15.9	7.1	39	YES	33.7
26 / 0906	1.01	840	848	16.0	7.1	39	YES	36.4
27 / 0909	0.97	788	764	16.1	7.1	39	YES	38.8
28 / 0920	1.07	1559	1668	16.2	7.1	39	YES	19.6
29 / 0928	1.26	3969	5001	15.9	7.1	39	YES	7.7
30 / 0914	1.12	5766	6458	15.1	7.1	39	YES	5.3
31 / 0929	1.08	5659	6112	15.1	7.1	39	YES	5.4

<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

Download form at: [public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)Return by 10<sup>th</sup> of following month by email, fax, or mail to:

Tel: 971-673-0694; Fax: 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350