

**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: *SEPTEMBER 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	0.060	0.060	0.061	0.062	0.060	OFF	1200/0.062
2	OFF	OFF	OFF	OFF	0.059	0.057	1600/0.059
3	0.056	0.055	0.053	OFF	0.053	OFF	12Am/0.056
4	OFF	OFF	OFF	0.061	0.060	OFF	1200/0.061
5	OFF	OFF	OFF	0.050	0.052	OFF	1600/0.050
6	OFF	OFF	OFF	0.062	0.061	OFF	1200/0.062
7	OFF	OFF	OFF	0.062	0.058	OFF	1200/0.062
8	OFF	OFF	OFF	0.057	0.058	0.058	1600,2000/0.058
9	0.058	0.058	0.058	0.059	OFF	OFF	1200/0.059
10	OFF	OFF	OFF	0.065	0.060	OFF	1200/0.065
11	OFF	OFF	OFF	0.056	OFF	OFF	1200/0.056
12	OFF	OFF	OFF	0.054	OFF	OFF	1600/0.054
13	OFF	OFF	OFF	0.056	0.056	OFF	1200,1600/0.056
14	OFF	OFF	OFF	0.057	0.059	OFF	1600/0.059
15	OFF	OFF	OFF	0.053	0.053	0.053	1200,1600,2000/0.053
16	0.052	0.053	0.058	OFF	OFF	OFF	1800/0.058
17	OFF	OFF	OFF	0.052	0.052	OFF	1200,1600/0.052
18	OFF	OFF	OFF	0.058	OFF	OFF	1600/0.058
19	OFF	OFF	OFF	0.056	0.055	OFF	1200/0.056
20	OFF	OFF	OFF	0.057	0.056	OFF	1200/0.057
21	OFF	OFF	OFF	OFF	OFF	OFF	OFF
22	OFF	OFF	OFF	0.061	0.057	OFF	1200/0.061
23	OFF	OFF	OFF	0.065	0.055	0.054	1200/0.065
24	0.067	0.064	0.057	0.055	OFF	OFF	12am/0.067
25	OFF	OFF	OFF	0.053	0.052	OFF	1200/0.053
26	OFF	OFF	OFF	0.052	0.052	OFF	1200,1600/0.052
27	OFF	OFF	OFF	0.052	OFF	OFF	1600/0.052
28	OFF	OFF	OFF	0.075	OFF	OFF	1200/0.075
29	OFF	OFF	OFF	0.061	0.061	OFF	1200,1600/0.061
30	OFF	OFF	OFF	0.057	0.058	0.058	1600,2000/0.058
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Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
	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	
Notes:	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
	PRINTED NAME: <i>JAMES G PICCOLOTTI</i> SIGNATURE: <i>[Signature]</i> DATE: <i>10-1-2024</i> PHONE #: <i>(541) 2654560</i> CERT #: <i>D-08535-1 T-08560-1</i>	

<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: *SEPTEMBER 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 / 1320	1.30	780	1013	15.7	7.1	39	YES	39.2
2 / 0938	1.28	796	1019	15.5	7.1	39	YES	38.4
3 / 1000	1.16	830	963	15.4	7.1	39	YES	36.8
4 / 1033	1.03	1189	1225	15.1	7.1	39	YES	25.7
5 / 0517	1.03	1072	1104	15.3	7.1	39	YES	28.5
6 / 0440	0.98	1119	1097	15.5	7.1	39	YES	27.3
7 / 0824	0.87	894	777	15.3	7.1	39	YES	34.2
8 / 0445	0.89	1252	1102	15.6	7.1	39	YES	24.4
9 / 0929	0.68	1128	767	15.6	7.1	39	YES	27.1
10 / 1005	0.41	1370	562	15.6	7.2	39	YES	22.3
11 / 0940	0.34	1317	448	15.5	7.1	39	YES	23.2
12 / 1005	0.26	1389	361	15.6	7.1	39	YES	22.0
13 / 1120	0.20	1232	240	15.3	7.1	39	YES	24.8
14 / 0953	0.34	868	295	15.3	7.1	39	YES	35.2
15 / 0944	0.24	1171	281	15.3	7.2	39	YES	26.1
16 / 0953	0.46	1119	515	14.9	7.1	39	YES	27.3
17 / 1015	0.62	1415	877	15.1	7.0	39	YES	21.6
18 / 1005	0.57	1218	621	14.9	7.1	39	YES	25.1
19 / 0932	0.67	1323	886	15.0	7.1	39	YES	25.1
20 / 0906	0.54	970	572	14.7	7.1	39	YES	31.5
21 / 1018	0.64	918	633	14.7	7.1	39	YES	33.3
22 / 0915	0.97	824	717	14.3	7.0	39	YES	31.1
23 / 0940	0.86	986	848	14.4	7.0	39	YES	31.0
24 / 0908	0.91	1334	1214	14.6	7.1	34	YES	22.9
25 / 0903	0.94	1448	1361	14.6	7.0	34	YES	21.1
26 / 0944	1.02	1469	1449	14.5	7.1	39	YES	20.8
27 / 0943	1.05	1340	1448	14.4	7.1	39	YES	22.8
28 / 1053	1.10	955	1051	14.2	7.1	39	YES	32.0
29 / 0940	1.17	1184	1386	13.9	7.1	39	YES	25.8
30 / 1006	1.07	1688	1807	13.5	7.1	39	YES	18.1
31 /								

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours  
 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) Revised September 2016

Return by 10<sup>th</sup> of following month by email, fax, or mail to:  
 Oregon Department of Health Services, 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350