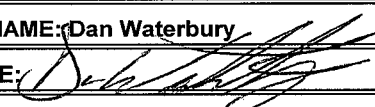


OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Clatsop**
 Month/Year: **Jan-21**

System Name: **Wickiup Water District** ID#: **41-00063** 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			0.19				0.19
2			0.34				0.34
3			0.23				0.23
4			0.25				0.25
5			0.32				0.32
6			0.30				0.30
7			0.15				0.15
8			0.31				0.31
9			0.37				0.37
10			0.36				0.36
11			0.98				0.98
12			0.42				0.42
13			0.54				0.54
14			0.31				0.31
15			0.24				0.24
16			0.17				0.17
17			0.21				0.21
18			0.14				0.14
19			0.24				0.24
20			0.17				0.17
21			0.53				0.53
22			0.14				0.14
23			0.42				0.42
24			0.48				0.48
25			0.46				0.46
26			0.33				0.33
27			0.18				0.18
28			0.25				0.25
29			0.31				0.31
30			0.42				0.42
31			0.44				0.44

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	<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 daily turbidity readings ≤ 5 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
Notes:	PRINTED NAME: Dan Waterbury		
	SIGNATURE: 		DATE: 2/8/21
	PHONE #: (503)791-5751		CERT #: T-08798

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 Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :A

System Name: Wickiup Water District ID#: 41-00063

Month/Year: Jan-21

Disinfection *Giardia* Log Inactiv: 1.0

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			formula	Yes / No	[GPM]
1	1.01	149	150.5	7.9	8.18	67.7	YES	
2	1.26	149	187.7	8.4	8.35	71.7	YES	
3	1.22	149	181.8	8.2	8.34	72.1	YES	
4	1.18	149	175.8	8.6	8.29	68.5	YES	
5	0.79	149	117.7	8.7	8.31	65.5	YES	
6	1	149	149.0	9.3	8.18	61.5	YES	
7	0.92	149	137.1	9.4	8.44	66.5	YES	
8	1.63	149	242.9	9.3	8.21	66.9	YES	
9	1.6	149	238.4	7.6	8.49	83.0	YES	
10	1.3	149	193.7	8.5	8.30	70.2	YES	
11	0.95	149	141.6	9.5	8.22	61.2	YES	
12	1.01	149	150.5	13.7	8.08	44.3	YES	
13	1.88	149	280.1	9.4	7.99	63.1	YES	
14	0.95	149	141.6	8.4	8.23	66.2	YES	
15	0.79	149	117.7	9.1	8.33	64.2	YES	
16	2.04	149	304.0	9.2	8.20	70.4	YES	
17	0.62	149	92.4	8.8	8.25	62.4	YES	
18	0.43	149	64.1	8.2	8.14	61.1	YES	
19	1.15	149	171.4	9.6	7.86	54.6	YES	
20	0.38	149	56.6	8.8	7.91	53.7	YES	
21	0.89	149	132.6	8.5	7.67	53.3	YES	
22	1.12	149	166.9	7.5	7.78	60.9	YES	
23	1.52	149	226.5	6.3	7.99	74.8	YES	
24	1.77	149	263.7	7.7	7.83	66.0	YES	
25	1.18	149	175.8	8.4	7.94	61.2	YES	
26	0.99	149	147.5	6.3	7.72	63.7	YES	
27	0.8	149	119.2	7.7	7.88	60.0	YES	
28	0.68	149	101.3	6.0	7.80	64.6	YES	
29	0.87	149	129.6	6.3	7.88	66.6	YES	
30	0.85	149	126.7	6.3	7.90	66.9	YES	
31	0.76	149	113.2	6.8	7.96	65.4	YES	

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

Revised July 2018

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