

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

County: Clatsop  
 Month/Year: Jul-21

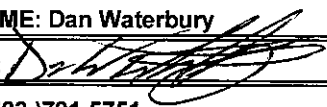
System Name: Wickiup Water District ID#: 41- 00063 WTP : TP - A

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1			0.38				0.38
2			0.36				0.36
3			0.39				0.39
4			0.19				0.19
5			0.20				0.20
6			0.10				0.10
7			0.14				0.14
8			0.15				0.15
9			0.19				0.19
10			0.48				0.48
11			0.35				0.35
12			0.17				0.17
13			0.24				0.24
14			0.12				0.12
15			0.24				0.24
16			0.26				0.26
17			0.19				0.19
18			0.10				0.10
19			0.11				0.11
20			0.28				0.28
21			0.20				0.20
22			0.10				0.10
23			0.25				0.25
24			0.26				0.26
25			0.27				0.27
26			0.10				0.10
27			0.14				0.14
28			0.15				0.15
29			0.14				0.14
30			0.19				0.19
31			0.19				0.19

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup>	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All daily turbidity readings $\leq$ 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: 

PHONE #: ( 503 )791-5751

DATE: 8/6/21

CERT #: T-08798

<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: Wickiup Water District ID#: 41-00063

Month/Year: Jul-21

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			formula	Yes / No	[GPM]
1	0.44	149	65.6	17.8	7.73	27.8	YES	
2	0.39	149	58.1	17.5	7.86	29.6	YES	
3	0.44	149	65.6	17.2	7.74	29.0	YES	
4	0.9	149	134.1	17.0	7.92	33.1	YES	
5	0.52	149	77.5	16.5	7.72	30.5	YES	
6	0.64	149	95.4	16.3	7.83	32.6	YES	
7	0.53	149	79.0	16.8	7.88	31.7	YES	
8	0.89	149	132.6	16.9	7.91	33.2	YES	
9	0.63	149	93.9	16.6	7.81	31.7	YES	
10	0.44	149	65.6	16.2	7.88	32.7	YES	
11	0.44	149	65.6	16.2	7.89	32.8	YES	
12	0.6	149	89.4	15.9	7.77	32.6	YES	
13	0.75	149	111.8	16.9	7.94	33.0	YES	
14	0.55	149	82.0	15.8	7.89	34.1	YES	
15	0.47	149	70.0	15.9	7.70	31.3	YES	
16	0.65	149	96.9	15.6	7.75	33.2	YES	
17	0.83	149	123.7	15.7	7.95	36.2	YES	
18	0.98	149	146.0	15.1	7.92	37.9	YES	
19	0.9	149	134.1	14.8	7.92	38.4	YES	
20	0.58	149	86.4	16.1	7.86	33.2	YES	
21	0.67	149	99.8	15.4	7.94	36.2	YES	
22	0.78	149	116.2	15.5	7.86	35.3	YES	
23	0.79	149	117.7	14.9	7.85	36.7	YES	
24	0.7	149	104.3	16.1	7.91	34.3	YES	
25	0.8	149	119.2	15.8	7.94	35.8	YES	
26	0.62	149	92.4	16.0	7.89	33.9	YES	
27	0.92	149	137.1	16.2	7.89	34.6	YES	
28	0.84	149	125.2	16.1	7.87	34.3	YES	
29	0.9	149	134.1	16.9	7.78	31.7	YES	
30	0.8	149	119.2	16.5	7.87	33.3	YES	
31	0.91	149	135.6	16.7	7.89	33.5	YES	

<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 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