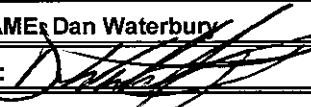


OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Clatsop**  
 Month/Year: **Aug-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			0.25				0.25
2			0.20				0.20
3			0.23				0.23
4			0.22				0.22
5			0.16				0.16
6			0.17				0.17
7			0.37				0.37
8			0.40				0.40
9			0.28				0.28
10			0.19				0.19
11			0.17				0.17
12			0.17				0.17
13			0.25				0.25
14			0.24				0.24
15			0.20				0.20
16			0.21				0.21
17			0.24				0.24
18			0.23				0.23
19			0.16				0.16
20			0.20				0.20
21			0.34				0.34
22			0.45				0.45
23			0.36				0.36
24			0.42				0.42
25			0.36				0.36
26			0.31				0.31
27			0.17				0.17
28			0.36				0.36
29			0.34				0.34
30			0.32				0.32
31			0.34				0.34

<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: 		DATE: 9/2/21
	PHONE #: ( 503 )791-5751		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: Aug-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	0.9	149	134.1	16.6	7.89	33.7	YES	
2	0.74	149	110.3	16.4	7.95	34.2	YES	
3	0.94	149	140.1	16.5	7.92	34.4	YES	
4	0.74	149	110.3	17.1	7.96	32.8	YES	
5	0.95	149	141.6	17.1	7.93	33.2	YES	
6	0.77	149	114.7	17.0	8.01	33.8	YES	
7	0.84	149	125.2	17.1	7.93	32.8	YES	
8	0.92	149	137.1	17.0	7.95	33.6	YES	
9	0.84	149	125.2	16.6	7.83	32.7	YES	
10	0.65	149	96.9	16.4	7.84	32.5	YES	
11	0.81	149	120.7	16.8	7.82	32.0	YES	
12	1.1	149	163.9	17.3	7.72	30.9	YES	
13	1.1	149	163.9	16.6	7.67	31.7	YES	
14	1.17	149	174.3	16.7	7.73	32.5	YES	
15	1.02	149	152.0	17.6	7.71	29.9	YES	
16	1.22	149	181.8	17.8	7.73	30.4	YES	
17	1.29	149	192.2	18.0	7.79	30.9	YES	
18	1.29	149	192.2	18.0	7.85	31.6	YES	
19	1.36	149	202.6	17.0	7.80	33.4	YES	
20	0.77	149	114.7	17.5	7.82	30.4	YES	
21	0.99	149	147.5	16.6	7.76	32.4	YES	
22	0.96	149	143.0	16.2	7.83	34.0	YES	
23	0.97	149	144.5	16.3	7.82	33.7	YES	
24	0.93	149	138.6	16.8	7.86	33.0	YES	
25	0.43	149	64.1	15.5	7.86	34.0	YES	
26	0.45	149	67.1	15.7	7.88	33.8	YES	
27	0.79	149	117.7	15.3	7.92	36.6	YES	
28	0.84	149	125.2	15.6	7.99	37.1	YES	
29	0.94	149	140.1	14.9	8.03	39.9	YES	
30	0.94	149	140.1	14.9	8.03	39.9	YES	
31	0.98	149	146.0	14.6	7.97	40.0	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