

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


County: Clatsop  
 Month/Year: Oct-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			0.28				0.28
2			0.11				0.11
3			0.23				0.23
4			0.29				0.29
5			0.06				0.06
6			Off				Off
7			0.28				0.28
8			0.33				0.33
9			0.48				0.48
10			0.27				0.27
11			0.35				0.35
12			0.37				0.37
13			0.25				0.25
14			0.45				0.45
15			0.44				0.44
16			0.42				0.42
17			0.18				0.18
18			0.48				0.48
19			0.36				0.36
20			0.38				0.38
21			0.29				0.29
22			0.26				0.26
23			0.21				0.21
24			0.33				0.33
25			0.22				0.22
26			0.31				0.31
27			0.41				0.41
28			0.57				0.57
29			0.44				0.44
30			0.92				0.92
31			0.52				0.52

<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: 11/03/2021
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: Oct-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]	<b>C X T</b>			formula	Yes / No	[GPM]
1	0.31	149	46.2	14.1	8.06	39.6	YES	
2	0.29	149	43.2	13.4	8.10	42.0	YES	
3	0.64	149	95.4	12.9	8.13	45.6	YES	
4	0.34	149	50.7	13.1	8.40	48.1	YES	
5	0.75	149	111.8	15.2	7.83	35.5	YES	
6	0.77	149	114.7	14.6	7.74	35.8	YES	
7	0.81	149	120.7	14.7	7.67	34.9	YES	
8	0.4	149	59.6	11.9	8.06	46.1	YES	
9	0.49	149	73.0	11.9	7.92	44.4	YES	
10	0.49	149	73.0	11.6	7.83	43.8	YES	
11	0.86	149	128.1	12.8	7.97	44.4	YES	
12	0.92	149	137.1	13.7	8.04	43.2	YES	
13	0.77	149	114.7	13.7	7.99	41.7	YES	
14	0.9	149	134.1	13.6	7.99	42.6	YES	
15	0.92	149	137.1	13.7	8.04	43.2	YES	
16	0.94	149	140.1	13.6	8.04	43.6	YES	
17	0.46	149	68.5	12.6	7.84	41.0	YES	
18	0.36	149	53.6	12.3	7.68	39.2	YES	
19	0.31	149	46.2	12.0	7.65	39.3	YES	
20	0.32	149	47.7	11.4	7.62	40.5	YES	
21	0.3	149	44.7	12.2	7.69	39.3	YES	
22	0.31	149	46.2	11.5	7.71	41.5	YES	
23	0.32	149	47.7	11.7	7.85	43.0	YES	
24	0.46	149	68.5	12.7	7.85	40.9	YES	
25	0.45	149	67.1	12.5	7.84	41.2	YES	
26	0.69	149	102.8	11.5	7.92	46.6	YES	
27	0.46	149	68.5	11.5	7.91	45.2	YES	
28	0.31	149	46.2	12.4	8.07	44.3	YES	
29	0.34	149	50.7	11.4	8.21	50.0	YES	
30	0.37	149	55.1	11.4	8.40	53.7	YES	
31	0.55	149	82.0	11.0	8.67	62.0	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