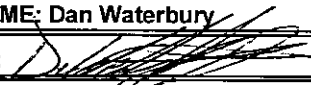


OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Clatsop  
 Month/Year: Dec-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			0.01				0.01
2			0.03				0.03
3			0.28				0.28
4			0.28				0.28
5			0.35				0.35
6			0.11				0.11
7			0.02				0.02
8			0.21				0.21
9			0.05				0.05
10			0.27				0.27
11			0.23				0.23
12			0.24				0.24
13			0.30				0.30
14			0.34				0.34
15			0.27				0.27
16			0.19				0.19
17			0.20				0.20
18			0.34				0.34
19			0.31				0.31
20			0.24				0.24
21			0.10				0.10
22			0.28				0.28
23			0.09				0.09
24			0.10				0.10
25			0.69				0.69
26			0.02				0.02
27			0.26				0.26
28			0.28				0.28
29			0.03				0.03
30			0.28				0.28
31			0.04				0.04

<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: 1/07/2022
	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:** Dec-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	1.14	149	169.9	11.8	8.74	64.6	YES	
2	1.07	149	159.4	11.8	8.62	61.3	YES	
3	1.05	149	156.5	11.8	8.60	60.7	YES	
4	0.75	149	111.8	9.9	7.92	52.2	YES	
5	0.68	149	101.3	7.9	8.21	65.8	YES	
6	0.89	149	132.6	7.9	8.27	69.0	YES	
7	0.6	149	89.4	9.4	7.99	54.4	YES	
8	0.57	149	84.9	9.5	8.07	55.4	YES	
9	1.16	149	172.8	10.9	8.59	65.2	YES	
10	0.43	149	64.1	9.2	7.92	52.7	YES	
11	0.46	149	68.5	8.7	7.93	54.9	YES	
12	0.52	149	77.5	8.9	7.96	55.2	YES	
13	0.51	149	76.0	8.5	8.14	60.4	YES	
14	1.03	149	153.5	8.3	8.70	79.9	YES	
15	1	149	149.0	10.2	8.68	69.3	YES	
16	0.87	149	129.6	10.0	8.74	70.7	YES	
17	0.98	149	146.0	9.6	8.74	73.7	YES	
18	0.77	149	114.7	9.9	8.37	61.5	YES	
19	0.81	149	120.7	6.7	8.02	67.7	YES	
20	0.72	149	107.3	6.9	8.07	67.3	YES	
21	0.96	149	143.0	8.4	8.14	64.1	YES	
22	1.07	149	159.4	10.3	8.59	67.2	YES	
23	0.95	149	141.6	9.8	8.81	74.3	YES	
24	0.9	149	134.1	8.9	8.90	81.2	YES	
25	0.89	149	132.6	8.4	8.93	84.9	YES	
26	1.31	149	195.2	6.7	8.01	71.5	YES	
27	0.55	149	82.0	7.6	8.73	80.1	YES	
28	1	149	149.0	6.9	8.01	68.0	YES	
29	0.84	149	125.2	7.2	8.41	75.7	YES	
30	1.09	149	162.4	6.4	8.02	71.4	YES	
31	1.08	149	160.9	6.7	7.78	64.0	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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350  
**PAGE 2 of 2**