

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

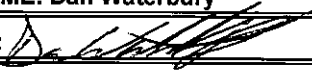
County: **Clatsop**
 Month/Year: **Mar-22**

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			0.39				0.39
2			0.29				0.29
3			0.29				0.29
4			0.34				0.34
5			0.40				0.40
6			0.32				0.32
7			0.33				0.33
8			0.29				0.29
9			0.22				0.22
10			0.35				0.35
11			0.32				0.32
12			0.20				0.20
13			0.15				0.15
14			0.18				0.18
15			0.15				0.15
16			0.24				0.24
17			0.19				0.19
18			0.21				0.21
19			0.26				0.26
20			0.39				0.39
21			0.25				0.25
22			0.30				0.30
23			0.25				0.25
24			0.30				0.30
25			0.35				0.35
26			1.08				1.08
27			0.49				0.49
28			0.25				0.25
29			0.29				0.29
30			0.29				0.29
31			0.35				0.35

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ²	<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: RESUBMITTED DUE TO TYPING ERRORS ON PG2 ON 3RD, 5th, 6th

PRINTED NAME: Dan Waterbury
 SIGNATURE: 
 PHONE #: (503)791-5751
 DATE: 4/08/2022
 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: Mar-22

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	0.87	149	129.6	8.3	7.93	59.2	YES	
2	0.63	149	93.9	8.9	8.20	60.9	YES	
3	0.53	149	79.0	9.3	8.28	60.3	YES	
4	0.74	149	110.3	9.1	8.11	58.9	YES	
5	0.63	149	93.9	9.0	8.15	59.4	YES	
6	0.72	149	107.3	7.9	8.23	66.6	YES	
7	0.63	149	93.9	8.5	8.23	63.3	YES	
8	1.04	149	155.0	9.3	8.07	59.3	YES	
9	0.67	149	99.8	8.5	8.04	59.4	YES	
10	0.79	149	117.7	9.0	8.09	59.2	YES	
11	0.69	149	102.8	8.1	8.13	63.2	YES	
12	1	149	149.0	9.5	8.16	60.2	YES	
13	0.91	149	135.6	7.7	8.01	63.8	YES	
14	0.87	149	129.6	7.7	8.01	63.5	YES	
15	0.9	149	134.1	7.9	8.09	64.7	YES	
16	1.06	149	157.9	8.9	8.03	60.2	YES	
17	0.93	149	138.6	9.2	8.24	62.7	YES	
18	0.92	149	137.1	8.9	8.31	65.6	YES	
19	0.93	149	138.6	8.0	8.37	71.4	YES	
20	0.87	149	129.6	8.3	8.42	70.7	YES	
21	0.7	149	104.3	8.9	8.12	59.7	YES	
22	0.62	149	92.4	8.9	8.49	67.6	YES	
23	0.93	149	138.6	9.3	8.49	68.2	YES	
24	0.79	149	117.7	12.4	8.03	46.2	YES	
25	0.9	149	134.1	9.7	8.48	65.9	YES	
26	0.7	149	104.3	10.0	8.48	63.1	YES	
27	0.83	149	123.7	9.6	8.47	65.6	YES	
28	0.81	149	120.7	10.6	8.33	58.1	YES	
29	0.97	149	144.5	9.5	8.57	69.6	YES	
30	0.97	149	144.5	10.5	8.33	59.6	YES	
31	0.88	149	131.1	9.3	8.48	67.6	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