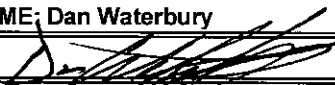


OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Clatsop**
 Month/Year: **Jul-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			0.03				0.03
2			0.02				0.02
3			0.03				0.03
4			0.03				0.03
5			0.04				0.04
6			0.03				0.03
7			0.02				0.02
8			0.02				0.02
9			0.21				0.21
10			0.39				0.39
11			0.15				0.15
12			0.01				0.01
13			0.01				0.01
14			0.02				0.02
15			0.02				0.02
16			0.02				0.02
17			0.02				0.02
18			0.01				0.01
19			0.19				0.19
20			0.01				0.01
21			0.01				0.01
22			0.20				0.20
23			0.11				0.11
24			0.16				0.16
25			0.01				0.01
26			0.31				0.31
27			0.29				0.29
28			0.06				0.06
29			0.03				0.03
30			0.32				0.32
31			0.28				0.28

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:	PRINTED NAME: Dan Waterbury		
	SIGNATURE: 		DATE: 8/08/2022
	PHONE #: (503)791-5751		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: Jul-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	0.84	149	125.2	14.8	8.50	47.2	YES	60
2	1.15	149	171.4	14.8	8.39	46.9	YES	64
3	0.74	149	110.3	15.4	8.60	46.5	YES	55
4	0.81	149	120.7	14.1	8.22	44.4	YES	56
5	0.84	149	125.2	14.2	8.24	44.6	YES	60
6	1.02	149	152.0	14.6	8.32	45.7	YES	63
7	1.01	149	150.5	14.2	8.31	46.7	YES	62
8	0.75	149	111.8	15.5	8.49	44.4	YES	59
9	1.42	149	211.6	15.2	8.13	42.8	YES	57
10	1.05	149	156.5	14.9	8.04	40.5	YES	85
11	0.83	149	123.7	14.6	7.90	38.3	YES	86
12	0.84	149	125.2	14.8	8.00	39.2	YES	88
13	0.81	149	120.7	15.0	7.92	37.5	YES	90
14	0.82	149	122.2	14.9	7.90	37.5	YES	84
15	0.71	149	105.8	15.0	7.88	36.5	YES	83
16	0.66	149	98.3	16.2	7.86	33.3	YES	87
17	0.63	149	93.9	15.8	8.03	36.3	YES	82
18	0.63	149	93.9	16.2	7.77	32.1	YES	88
19	0.71	149	105.8	14.7	7.84	36.7	YES	92
20	0.6	149	89.4	16.1	7.80	32.5	YES	94
21	0.51	149	76.0	15.4	7.81	33.9	YES	93
22	0.76	149	113.2	15.7	8.24	40.0	YES	94
23	0.54	149	80.5	15.6	7.83	33.8	YES	96
24	0.78	149	116.2	16.6	7.76	31.6	YES	97
25	0.88	149	131.1	15.2	7.88	36.7	YES	94
26	1.02	149	152.0	15.9	7.88	35.6	YES	83
27	0.91	149	135.6	16.1	7.92	35.2	YES	84
28	0.74	149	110.3	16.2	7.94	34.6	YES	86
29	0.72	149	107.3	16.2	8.02	35.5	YES	81
30	0.62	149	92.4	17.8	8.17	33.4	YES	88
31	0.68	149	101.3	17.8	8.21	34.1	YES	90

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