


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

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

System Name: <b>Wickiup Water District</b>		ID#: <b>41- 00063</b>		WTP : <b>TP - A</b>			
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			0.24				0.24
2			0.20				0.20
3			0.22				0.22
4			0.11				0.11
5			0.01				0.01
6			0.13				0.13
7			0.01				0.01
8			0.02				0.02
9			0.01				0.01
10			0.15				0.15
11			0.01				0.01
12			0.14				0.14
13			0.02				0.02
14			0.01				0.01
15			0.01				0.01
16			0.01				0.01
17			0.17				0.17
18			0.22				0.22
19			0.01				0.01
20			0.24				0.24
21			0.05				0.05
22			0.04				0.04
23			0.04				0.04
24			0.24				0.24
25			0.01				0.01
26			0.01				0.01
27			0.01				0.01
28			0.02				0.02
29			0.20				0.20
30			0.02				0.02
31			0.01				0.01

<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: <b>Dan Waterbury</b>		
	SIGNATURE: 		DATE: <b>9/08/2022</b>
	PHONE #: <b>( 503 )791-5754</b>		CERT #: <b>T-08798</b>

<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.

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WTP- :A

System Name: Wickiup Water District ID#: 41-00063

Month/Year: Aug-22

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	0.34	149	50.7	16.8	8.10	33.7	YES	65
2	0.46	149	68.5	16.4	8.14	35.6	YES	76
3	0.56	149	83.4	16.4	8.10	35.5	YES	73
4	0.57	149	84.9	16.2	8.17	36.9	YES	86
5	0.64	149	95.4	15.5	8.11	38.1	YES	84
6	0.66	149	98.3	15.6	8.12	38.1	YES	85
7	0.76	149	113.2	16.3	8.10	36.5	YES	91
8	0.75	149	111.8	16.2	8.15	37.4	YES	82
9	0.68	149	101.3	15.8	8.23	39.3	YES	81
10	0.35	149	52.2	15.8	8.07	35.6	YES	84
11	0.69	149	102.8	15.4	8.06	37.9	YES	67
12	0.77	149	114.7	15.8	8.04	37.0	YES	93
13	0.79	149	117.7	15.7	8.03	37.2	YES	87
14	0.85	149	126.7	16.0	7.97	35.9	YES	84
15	0.77	149	114.7	15.2	8.09	39.2	YES	87
16	0.88	149	131.1	15.5	8.06	38.5	YES	88
17	0.9	149	134.1	15.7	8.09	38.5	YES	97
18	1.18	149	175.8	16.3	8.11	38.4	YES	100
19	1	149	149.0	16.5	7.95	35.0	YES	85
20	1.44	149	214.6	16.9	8.17	38.9	YES	81
21	0.91	149	135.6	16.7	8.02	35.1	YES	76
22	0.82	149	122.2	16.3	8.02	35.7	YES	85
23	1.11	149	165.4	16.6	8.00	35.9	YES	72
24	0.9	149	134.1	16.5	7.98	35.0	YES	67
25	0.71	149	105.8	16.8	8.10	35.1	YES	65
26	0.95	149	141.6	17.4	8.16	35.5	YES	83
27	0.99	149	147.5	17.1	7.98	34.0	YES	84
28	1.03	149	153.5	17.2	7.99	34.1	YES	76
29	0.76	149	113.2	16.0	8.00	35.9	YES	72
30	0.87	149	129.6	16.1	7.98	35.9	YES	81
31	0.88	149	131.1	16.1	8.00	36.2	YES	79

<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