

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

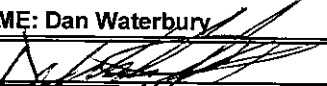
County: Clatsop
 Month/Year: Sep-22

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			0.01				0.01
2			0.01				0.01
3			0.05				0.05
4			0.01				0.01
5			0.06				0.06
6			0.01				0.01
7			0.01				0.01
8			0.09				0.09
9			0.10				0.10
10			0.10				0.10
11			0.10				0.10
12			0.15				0.15
13			0.01				0.01
14			0.05				0.05
15			0.01				0.01
16			0.17				0.17
17			0.26				0.26
18			0.17				0.17
19			0.04				0.04
20			0.01				0.01
21			0.01				0.01
22			0.01				0.01
23			0.01				0.01
24			0.25				0.25
25			0.35				0.35
26			0.10				0.10
27			0.01				0.01
28			0.08				0.08
29			0.01				0.01
30			0.01				0.01
31							0.00

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 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: 10/10/2022
 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: Sep-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	0.95	149	141.6	16.3	8.04	36.5	YES	91
2	0.97	149	144.5	16.2	8.03	36.7	YES	88
3	0.98	149	146.0	16.4	8.07	36.8	YES	78
4	1.07	149	159.4	16.3	8.00	36.5	YES	64
5	0.86	149	128.1	16.5	7.95	34.5	YES	75
6	0.97	149	144.5	15.9	8.02	37.3	YES	82
7	0.95	149	141.6	15.6	8.02	38.0	YES	76
8	0.93	149	138.6	15.2	8.08	39.8	YES	77
9	1.04	149	155.0	15.1	8.18	42.0	YES	65
10	1.03	149	153.5	15.5	8.21	41.5	YES	66
11	1.01	149	150.5	14.9	8.23	43.3	YES	72
12	0.88	149	131.1	15.4	8.13	39.7	YES	82
13	0.63	149	93.9	16.7	8.17	36.0	YES	84
14	0.87	149	129.6	15.3	8.07	39.1	YES	74
15	0.74	149	110.3	16.2	8.13	37.1	YES	68
16	0.82	149	122.2	16.3	8.28	39.3	YES	62
17	0.71	149	105.8	14.0	8.26	44.9	YES	51
18	0.94	149	140.1	16.4	7.94	34.9	YES	58
19	0.82	149	122.2	15.6	8.22	40.3	YES	68
20	0.77	149	114.7	14.0	8.13	43.1	YES	72
21	0.61	149	90.9	15.4	8.18	39.3	YES	52
22	0.94	149	140.1	14.2	8.11	43.0	YES	64
23	0.97	149	144.5	14.7	8.16	42.5	YES	63
24	0.86	149	128.1	14.4	8.30	45.1	YES	85
25	0.77	149	114.7	15.5	8.21	40.2	YES	89
26	1.02	149	152.0	14.3	8.18	44.2	YES	67
27	0.8	149	119.2	15.7	8.03	37.2	YES	56
28	0.7	149	104.3	15.8	8.25	39.6	YES	51
29	0.56	149	83.4	16.0	8.27	38.8	YES	67
30	0.39	149	58.1	16.0	8.24	37.6	YES	54
31		149						

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