


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

County: Clatsop
 Month/Year: Oct-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			0.01				0.01
4			0.01				0.01
5			0.01				0.01
6			0.01				0.01
7			0.01				0.01
8			0.02				0.02
9			0.01				0.01
10			0.02				0.02
11			0.18				0.18
12			0.16				0.16
13			0.23				0.23
14			0.01				0.01
15			0.03				0.03
16			0.02				0.02
17			0.02				0.02
18			0.26				0.26
19			0.21				0.21
20			0.16				0.16
21			0.18				0.18
22			0.32				0.32
23			0.24				0.24
24			0.39				0.39
25			0.22				0.22
26			0.31				0.31
27			0.14				0.14
28			0.28				0.28
29			0.16				0.16
30			0.08				0.08
31			0.23				0.23

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 Cl ₂ 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: 11/08/2022
	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: Oct-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	0.91	149	135.6	14.8	8.12	41.3	YES	55
2	0.81	149	120.7	14.9	8.05	39.6	YES	58
3	0.62	149	92.4	15.5	8.22	39.6	YES	62
4	0.69	149	102.8	15.6	8.15	38.7	YES	58
5	0.56	149	83.4	15.7	8.22	38.8	YES	53
6	0.85	149	126.7	14.0	7.94	40.5	YES	56
7	0.82	149	122.2	14.4	7.94	39.3	YES	58
8	0.81	149	120.7	14.3	7.99	40.3	YES	63
9	0.74	149	110.3	14.2	8.01	40.5	YES	67
10	0.91	149	135.6	15.3	8.05	39.0	YES	66
11	0.94	149	140.1	15.3	8.08	39.5	YES	58
12	1.02	149	152.0	15.2	8.10	40.5	YES	72
13	0.77	149	114.7	15.7	8.12	38.3	YES	88
14	0.95	149	141.6	13.6	8.02	43.3	YES	65
15	1.02	149	152.0	14.2	8.05	42.5	YES	67
16	0.89	149	132.6	13.8	8.09	43.6	YES	61
17	0.73	149	108.8	13.3	8.09	44.3	YES	55
18	0.95	149	141.6	12.7	8.27	50.4	YES	58
19	0.73	149	108.8	14.3	8.46	47.4	YES	92
20	0.77	149	114.7	12.8	8.29	49.4	YES	55
21	0.71	149	105.8	14.3	8.48	47.7	YES	54
22	0.69	149	102.8	14.4	8.52	48.0	YES	64
23	0.73	149	108.8	14.2	8.56	49.5	YES	81
24	0.42	149	62.6	11.2	8.52	57.1	YES	55
25	0.39	149	58.1	11.1	8.50	56.9	YES	53
26	0.39	149	58.1	10.1	8.33	57.3	YES	52
27	1.86	149	277.1	10.5	8.48	69.8	YES	54
28	0.86	149	128.1	10.7	8.77	68.1	YES	65
29	0.54	149	80.5	10.1	8.30	57.6	YES	63
30	0.66	149	98.3	10.3	8.20	55.6	YES	62
31	0.39	149	58.1	11.1	8.20	51.1	YES	64

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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