

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

County: **Clatsop**  
 Month/Year: **Jan-23**

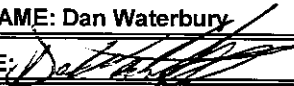
System Name: **Wickiup Water District** ID#: **41-00063** WTP: TP - **A**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1			0.23				0.23
2			0.21				0.21
3			0.27				0.27
4			0.01				0.01
5			0.34				0.34
6			0.39				0.39
7			0.24				0.24
8			0.26				0.26
9			0.21				0.21
10			0.20				0.20
11			0.07				0.07
12			0.09				0.09
13			0.22				0.22
14			Off				Off
15			Off				Off
16			0.25				0.25
17			0.34				0.34
18			0.21				0.21
19			0.21				0.21
20			0.18				0.18
21			0.38				0.38
22			0.34				0.34
23			0.17				0.17
24			0.06				0.06
25			0.03				0.03
26			0.02				0.02
27			0.38				0.38
28			0.23				0.23
29			0.21				0.21
30			0.12				0.12
31			0.02				0.02

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 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 ≥ 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: **2/07/2023**

PHONE #: **( 503 )791-5751**

CERT #: **T-08798**

<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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :A

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

Month/Year: Jan-23

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	0.84	149	125.2	8.3	8.12	63.2	YES	55
2	0.82	149	122.2	8.0	8.02	62.0	YES	58
3	0.74	149	110.3	8.2	7.78	55.6	YES	62
4	1.35	149	201.2	6.7	7.80	66.6	YES	58
5	1.2	149	178.8	7.3	7.56	57.6	YES	53
6	1.12	149	166.9	7.1	7.54	57.4	YES	56
7	1.07	149	159.4	7.4	7.70	59.3	YES	58
8	0.85	149	126.7	8.1	7.80	57.1	YES	63
9	0.69	149	102.8	8.2	7.82	56.1	YES	67
10	1.02	149	152.0	9.2	8.05	59.2	YES	66
11	0.99	149	147.5	7.7	7.67	56.9	YES	58
12	0.84	149	125.2	8.6	8.24	64.7	YES	72
13	0.68	149	101.3	8.8	7.62	50.1	YES	88
14	0.72	149	107.3	8.6	7.64	51.4	YES	65
15	0.51	149	76.0	8.3	7.69	52.1	YES	67
16	1.08	149	160.9	8.9	8.20	64.2	YES	61
17	1.6	149	238.4	8.1	7.93	65.3	YES	55
18	1.2	149	178.8	8.2	7.99	63.3	YES	58
19	0.72	149	107.3	8.1	7.94	59.2	YES	92
20	0.55	149	82.0	8.3	8.39	67.4	YES	55
21	0.41	149	61.1	7.6	8.03	61.0	YES	54
22	1.16	149	172.8	7.2	8.39	78.1	YES	64
23	0.96	149	143.0	6.7	8.28	75.8	YES	81
24	1.49	149	222.0	6.5	8.46	87.5	YES	55
25	0.86	149	128.1	7.0	8.32	74.5	YES	53
26	0.98	149	146.0	6.5	8.28	77.0	YES	52
27	0.6	149	89.4	8.1	8.10	61.8	YES	54
28	0.73	149	108.8	8.0	8.13	63.9	YES	65
29	0.7	149	104.3	7.6	8.01	62.6	YES	63
30	0.73	149	108.8	7.7	7.86	59.1	YES	62
31	0.89	149	132.6	6.1	7.76	64.8	YES	64

<sup>3</sup> If Cl<sub>2</sub> 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