


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

County: **Clatsop**
 Month/Year: **Feb-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 ¹ [NTU]
1			0.02				0.02
2			0.35				0.35
3			0.21				0.21
4			0.37				0.37
5			0.14				0.14
6			0.23				0.23
7			0.02				0.02
8			0.15				0.15
9			0.02				0.02
10			0.19				0.19
11			0.21				0.21
12			Off				Off
13			0.35				0.35
14			0.23				0.23
15			0.02				0.02
16			0.12				0.12
17			0.39				0.39
18			0.35				0.35
19			Off				Off
20			0.12				0.12
21			0.25				0.25
22			0.23				0.23
23			0.05				0.05
24			0.12				0.12
25			Off				Off
26			Off				Off
27			0.32				0.32
28			0.26				0.26
29							0.00
30							0.00
31							0.00

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: 3/07/2022
	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: Feb-23

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	1.27	149	189.2	6.4	7.90	69.8	YES	65
2	1.5	149	223.5	6.5	7.78	68.2	YES	58
3	1.14	149	169.9	7.5	7.85	62.6	YES	60
4	1.1	149	163.9	7.5	7.76	60.4	YES	57
5	0.98	149	146.0	6.6	7.86	65.6	YES	78
6	0.97	149	144.5	6.8	7.79	63.0	YES	65
7	1.1	149	163.9	7.7	8.05	66.1	YES	59
8	1.25	149	186.3	7.1	8.02	69.4	YES	78
9	1.12	149	166.9	7.7	8.04	66.1	YES	86
10	0.73	149	108.8	7.4	8.01	63.7	YES	82
11	0.71	149	105.8	6.3	8.12	71.3	YES	74
12	0.73	149	108.8	6.8	8.13	69.4	YES	78
13	1.05	149	156.5	8.5	7.94	59.8	YES	68
14	1.1	149	163.9	7.1	8.02	68.2	YES	65
15	0.66	149	98.3	5.7	7.88	67.7	YES	50
16	1.1	149	163.9	6.9	8.19	73.5	YES	57
17	1.16	149	172.8	7.5	8.20	71.3	YES	67
18	1.21	149	180.3	7.2	8.18	72.7	YES	62
19	0.87	149	129.6	6.5	8.07	70.4	YES	81
20	1.17	149	174.3	7.8	8.16	68.9	YES	95
21	0.71	149	105.8	6.7	7.75	60.7	YES	87
22	0.83	149	123.7	6.8	8.12	69.9	YES	64
23	0.85	149	126.7	5.7	8.12	75.6	YES	56
24	0.85	149	126.7	6.8	8.05	68.3	YES	59
25	0.92	149	137.1	6.3	8.12	73.1	YES	52
26	0.89	149	132.6	6.4	8.18	74.0	YES	54
27	1.02	149	152.0	7.5	8.17	69.4	YES	56
28	0.51	149	76.0	7.8	7.82	56.4	YES	58
29		149						
30		149						
31		149						

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