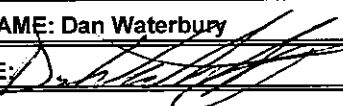


OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Clatsop
 Month/Year: Mar-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			0.10				0.10
2			0.08				0.08
3			0.02				0.02
4			0.04				0.04
5			0.04				0.04
6			0.29				0.29
7			0.02				0.02
8			0.04				0.04
9			0.24				0.24
10			0.02				0.02
11			0.01				0.01
12			0.01				0.01
13			0.18				0.18
14			0.11				0.11
15			0.16				0.16
16			0.01				0.01
17			0.01				0.01
18			0.03				0.03
19			0.27				0.27
20			0.22				0.22
21			0.15				0.15
22			0.04				0.04
23			0.02				0.02
24			0.03				0.03
25			0.04				0.04
26			0.09				0.09
27			0.02				0.02
28			0.20				0.20
29			0.02				0.02
30			0.41				0.41
31			0.14				0.14

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: 4/04/2023
	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: Mar-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	0.63	149	93.9	4.4	8.03	77.9	YES	68
2	0.68	149	101.3	6.4	8.34	76.5	YES	72
3	0.63	149	93.9	5.8	8.35	79.6	YES	64
4	0.62	149	92.4	5.3	8.01	72.6	YES	65
5	0.77	149	114.7	5.0	8.03	76.0	YES	63
6	0.97	149	144.5	5.0	8.17	82.0	YES	69
7	1.03	149	153.5	4.9	8.03	78.9	YES	58
8	1.2	149	178.8	4.9	8.02	80.2	YES	84
9	1.33	149	198.2	6.5	8.03	73.2	YES	72
10	1.31	149	195.2	6.5	8.41	84.0	YES	86
11	1.31	149	195.2	6.8	8.20	76.2	YES	84
12	1.37	149	204.1	6.9	8.21	76.5	YES	79
13	1.15	149	171.4	7.4	7.93	65.0	YES	75
14	1.38	149	205.6	6.7	8.15	75.9	YES	68
15	1.48	149	220.5	6.7	8.01	73.0	YES	65
16	1.44	149	214.6	5.8	8.10	79.9	YES	61
17	1.26	149	187.7	6.5	8.29	79.9	YES	74
18	1.09	149	162.4	7.5	8.32	73.9	YES	72
19	1.22	149	181.8	7.6	8.21	71.6	YES	65
20	1.14	149	169.9	7.7	8.24	71.2	YES	64
21	1.12	149	166.9	7.6	8.45	77.3	YES	67
22	1.12	149	166.9	7.4	8.46	78.6	YES	68
23	1.14	149	169.9	7.7	8.15	68.9	YES	58
24	1.01	149	150.5	7.4	8.30	73.2	YES	52
25	1.16	149	172.8	6.9	8.15	73.0	YES	57
26	1	149	149.0	6.8	8.14	71.8	YES	86
27	0.91	149	135.6	6.5	8.24	75.3	YES	84
28	0.82	149	122.2	7.9	8.27	68.4	YES	87
29	1	149	149.0	7.6	8.48	77.0	YES	74
30	1.15	149	171.4	7.6	8.32	73.9	YES	76
31	0.77	149	114.7	7.5	8.24	69.1	YES	67

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