

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


County: Clatsop
 Month/Year: Apr-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			0.02				0.02
3			0.01				0.01
4			0.01				0.01
5			0.02				0.02
6			0.02				0.02
7			0.01				0.01
8			0.01				0.01
9			0.01				0.01
10			0.20				0.20
11			0.01				0.01
12			0.23				0.23
13			0.22				0.22
14			0.02				0.02
15			0.19				0.19
16			0.17				0.17
17			0.09				0.09
18			0.03				0.03
19			0.01				0.01
20			0.19				0.19
21			0.09				0.09
22			0.19				0.19
23			1.08				1.08
24			0.15				0.15
25			0.43				0.43
26			0.05				0.05
27			0.28				0.28
28			0.33				0.33
29			0.43				0.43
30			0.41				0.41
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: 5/05/2023
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: Apr-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	0.94	149	140.1	7.5	8.25	70.8	YES	65
2	1.08	149	160.9	6.7	8.13	72.8	YES	63
3	0.98	149	146.0	6.5	8.18	74.3	YES	58
4	0.93	149	138.6	6.5	8.17	73.5	YES	45
5	0.97	149	144.5	6.6	8.21	74.5	YES	48
6	0.87	149	129.6	7.9	8.16	66.1	YES	47
7	0.91	149	135.6	7.6	8.23	69.5	YES	45
8	0.89	149	132.6	8.0	8.21	67.1	YES	46
9	0.93	149	138.6	8.1	8.18	66.1	YES	43
10	0.92	149	137.1	8.0	8.12	65.1	YES	45
11	1.07	149	159.4	8.2	8.01	62.8	YES	48
12	1.08	149	160.9	8.3	8.13	65.2	YES	47
13	0.88	149	131.1	8.2	8.10	63.4	YES	52
14	0.89	149	132.6	7.7	8.10	65.7	YES	57
15	0.93	149	138.6	8.8	8.20	63.5	YES	52
16	0.86	149	128.1	8.2	8.51	73.5	YES	54
17	0.79	149	117.7	7.7	8.40	72.5	YES	51
18	1.07	149	159.4	8.3	8.43	72.7	YES	54
19	0.95	149	141.6	7.2	8.19	70.8	YES	62
20	1.21	149	180.3	7.2	8.03	68.8	YES	64
21	1.14	149	169.9	7.7	8.05	66.5	YES	55
22	1.1	149	163.9	7.8	7.31	50.3	YES	52
23	0.92	149	137.1	8.7	8.25	65.1	YES	54
24	1.01	149	150.5	8.7	7.95	59.0	YES	46
25	0.97	149	144.5	8.9	8.02	59.4	YES	47
26	1.16	149	172.8	8.9	8.32	67.7	YES	58
27	1.02	149	152.0	9.3	7.91	55.9	YES	54
28	0.9	149	134.1	10.1	8.32	60.5	YES	46
29	0.9	149	134.1	12.1	7.98	46.8	YES	52
30	0.95	149	141.6	11.7	7.82	45.7	YES	58
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