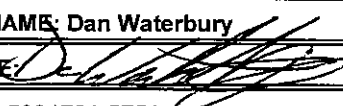


OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Clatsop
 Month/Year: May-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							0.00
2			0.20				0.20
3			0.30				0.30
4			0.37				0.37
5			0.34				0.34
6			0.01				0.01
7			0.01				0.01
8			0.43				0.43
9			0.28				0.28
10			0.12				0.12
11			0.20				0.20
12			0.16				0.16
13			0.02				0.02
14			0.01				0.01
15			0.01				0.01
16			0.23				0.23
17			0.01				0.01
18			0.01				0.01
19			0.01				0.01
20			0.01				0.01
21			0.01				0.01
22			0.01				0.01
23			0.01				0.01
24			0.01				0.01
25			0.01				0.01
26			0.01				0.01
27			0.01				0.01
28			0.01				0.01
29			0.01				0.01
30			0.01				0.01
31			0.01				0.01

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: 6/02/2023
		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: May-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	0.99	149	147.5	10.8	7.84	49.1	YES	68
2	1.02	149	152.0	10.9	7.86	49.3	YES	72
3	0.96	149	143.0	11.1	8.06	51.9	YES	75
4	0.95	149	141.6	11.1	7.79	47.1	YES	65
5	1.13	149	168.4	11.4	7.75	46.4	YES	58
6	1.1	149	163.9	10.8	7.86	50.1	YES	60
7	1.08	149	160.9	10.9	7.79	48.4	YES	54
8	0.65	149	96.9	11.5	7.75	43.7	YES	53
9	0.78	149	116.2	11.3	8.04	49.8	YES	54
10	0.76	149	113.2	11.0	7.84	47.2	YES	48
11	0.97	149	144.5	11.3	8.16	53.1	YES	51
12	1.09	149	162.4	12.0	7.72	44.0	YES	57
13	1.02	149	152.0	12.8	7.76	41.9	YES	58
14	1.16	149	172.8	14.8	7.74	37.0	YES	64
15	0.98	149	146.0	14.4	7.76	37.5	YES	67
16	1.03	149	153.5	13.8	7.77	39.4	YES	62
17	0.94	149	140.1	14.7	7.78	36.8	YES	65
18	0.99	149	147.5	14.8	7.83	37.5	YES	68
19	1.11	149	165.4	14.2	7.90	40.6	YES	61
20	1.09	149	162.4	14.5	7.93	40.1	YES	59
21	0.98	149	146.0	14.3	8.09	42.6	YES	54
22	0.99	149	147.5	13.9	8.03	42.8	YES	57
23	0.96	149	143.0	14.1	8.06	42.6	YES	63
24	1.12	149	166.9	13.1	8.06	46.3	YES	65
25	0.98	149	146.0	13.3	8.18	47.0	YES	68
26	1.22	149	181.8	13.2	8.16	48.3	YES	67
27	1.15	149	171.4	13.6	7.95	43.2	YES	58
28	1.12	149	166.9	13.3	8.06	45.7	YES	53
29	0.97	149	144.5	14.1	8.06	42.6	YES	54
30	0.87	149	129.6	13.6	8.12	44.6	YES	55
31	0.88	149	131.1	13.2	8.17	46.7	YES	57

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