

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

County: Clatsop
 Month/Year: Jun-23
 WTP : TP - A


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

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			0.01				0.01
2			0.01				0.01
3			0.01				0.01
4			0.01				0.01
5			0.31				0.31
6			0.19				0.19
7			0.14				0.14
8			0.06				0.06
9			0.01				0.01
10			0.06				0.06
11			0.01				0.01
12			0.06				0.06
13			0.01				0.01
14			0.01				0.01
15			0.03				0.03
16			0.14				0.14
17			0.02				0.02
18			0.04				0.04
19			0.01				0.01
20			0.01				0.01
21			0.09				0.09
22			0.30				0.30
23			0.01				0.01
24			0.01				0.01
25			0.01				0.01
26			0.02				0.02
27			0.01				0.01
28			0.01				0.01
29			0.13				0.13
30			0.01				0.01
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: 7/07/2023

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: **Jun-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	1.16	149	172.8	12.8	8.13	48.7	YES	65
2	0.96	149	143.0	13.1	8.26	49.0	YES	67
3	1.17	149	174.3	13.5	8.31	49.8	YES	75
4	1.18	149	175.8	13.4	8.30	50.0	YES	82
5	0.85	149	126.7	12.8	8.33	50.6	YES	72
6	0.99	149	147.5	13.0	8.19	48.2	YES	68
7	0.81	149	120.7	13.8	8.33	47.2	YES	65
8	0.87	149	129.6	14.1	8.35	46.9	YES	63
9	0.74	149	110.3	14.7	8.36	44.6	YES	69
10	0.79	149	117.7	14.1	8.27	45.1	YES	79
11	0.89	149	132.6	14.4	8.17	43.1	YES	100
12	0.87	149	129.6	14.5	8.28	44.5	YES	72
13	1.12	149	166.9	14.2	8.22	45.7	YES	57
14	0.94	149	140.1	14.2	8.28	45.8	YES	53
15	1.03	149	153.5	13.9	8.22	46.1	YES	64
16	1	149	149.0	13.9	8.45	50.0	YES	81
17	0.93	149	138.6	14.6	8.17	42.8	YES	94
18	0.93	149	138.6	13.6	8.39	49.5	YES	96
19	0.8	149	119.2	14.4	8.00	40.1	YES	83
20	1.1	149	163.9	13.4	8.28	49.1	YES	65
21	0.95	149	141.6	12.7	8.12	47.7	YES	72
22	0.93	149	138.6	13.2	8.28	48.9	YES	69
23	0.92	149	137.1	13.4	8.09	44.9	YES	86
24	0.85	149	126.7	14.0	8.10	43.0	YES	92
25	0.73	149	108.8	14.0	8.19	43.8	YES	94
26	0.8	149	119.2	14.1	8.32	46.0	YES	89
27	0.91	149	135.6	14.1	8.34	47.0	YES	88
28	0.96	149	143.0	14.3	8.42	48.0	YES	84
29	0.88	149	131.1	14.5	8.36	45.9	YES	82
30	0.87	149	129.6	15.5	8.47	44.7	YES	76
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