


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

County: **Clatsop**
 Month/Year: **Jul-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			0.01				0.01
2			0.01				0.01
3			0.28				0.28
4			0.01				0.01
5			0.03				0.03
6			0.01				0.01
7			0.01				0.01
8			0.01				0.01
9			0.05				0.05
10			0.17				0.17
11			0.01				0.01
12			0.02				0.02
13			0.01				0.01
14			0.01				0.01
15			0.01				0.01
16			0.01				0.01
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			0.02				0.02
31			0.01				0.01

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) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All daily turbidity readings \leq 5 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:	PRINTED NAME: Dan Waterbury	
	SIGNATURE: 	DATE: 8/9/2023
	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: Jul-23

Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	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	0.85	149	126.7	15.3	8.32	42.8	YES	94
2	0.82	149	122.2	15.1	8.36	43.8	YES	98
3	0.84	149	125.2	14.3	8.27	44.8	YES	75
4	0.91	149	135.6	15.6	8.54	45.8	YES	89
5	1.07	149	159.4	16.9	8.39	40.5	YES	86
6	1.06	149	157.9	15.6	8.43	44.7	YES	74
7	0.96	149	143.0	15.5	8.37	43.5	YES	75
8	0.97	149	144.5	15.7	8.35	42.7	YES	95
9	1.05	149	156.5	15.2	8.36	44.7	YES	99
10	0.98	149	146.0	15.2	8.40	45.0	YES	90
11	1.03	149	153.5	15.0	8.39	45.7	YES	90
12	1.23	149	183.3	15.4	8.52	47.7	YES	96
13	1.22	149	181.8	15.2	8.43	46.7	YES	80
14	1.33	149	198.2	15.1	8.50	48.9	YES	80
15	1.1	149	163.9	16.8	8.68	45.5	YES	92
16	1.13	149	168.4	16.5	8.57	44.7	YES	65
17	1.02	149	152.0	16.4	8.58	44.6	YES	94
18	0.95	149	141.6	16.1	8.58	45.1	YES	93
19	0.96	149	143.0	16.1	8.55	44.7	YES	96
20	0.86	149	128.1	16.3	8.46	42.2	YES	92
21	0.92	149	137.1	16.2	8.28	40.0	YES	83
22	0.94	149	140.1	16.0	8.31	41.1	YES	66
23	0.85	149	126.7	16.7	8.12	36.2	YES	83
24	0.83	149	123.7	16.4	8.12	36.8	YES	73
25	0.84	149	125.2	16.6	7.98	34.6	YES	72
26	0.53	149	79.0	15.8	8.01	35.6	YES	72
27	0.73	149	108.8	16.1	8.21	38.4	YES	76
28	0.82	149	122.2	16.3	8.39	40.9	YES	98
29	0.67	149	99.8	16.4	8.58	42.9	YES	71
30	0.8	149	119.2	16.0	8.41	42.0	YES	88
31	0.72	149	107.3	16.3	8.61	43.9	YES	98

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