

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

County: **Clatsop**  
 Month/Year: **Aug-23**

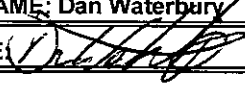
System Name: **Wickiup Water District** ID#: **41- 00063** WTP: TP - **A**

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1			0.01				0.01
2			0.02				0.02
3			0.17				0.17
4			0.02				0.02
5			0.01				0.01
6			0.14				0.14
7			0.01				0.01
8			0.03				0.03
9			0.01				0.01
10			0.01				0.01
11			0.01				0.01
12			0.01				0.01
13			0.02				0.02
14			0.01				0.01
15			0.01				0.01
16			0.03				0.03
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			0.02				0.02

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<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: **9/5/2023**

PHONE #: **( 503 )791-5751**

CERT #: **T-08798**

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :A

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

Month/Year: Aug-23

Disinfection *Giardia* Log

Inactiv:

1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T			formula	Yes / No	[GPM]
1	0.68	149	101.3	16.4	8.52	42.0	YES	75
2	0.72	149	107.3	17.1	8.27	36.7	YES	83
3	0.86	149	128.1	18.6	8.36	34.9	YES	86
4	1.02	149	152.0	18.9	8.37	35.0	YES	80
5	0.63	149	93.9	17.6	8.71	41.3	YES	77
6	0.84	149	125.2	17.1	8.63	42.5	YES	76
7	0.9	149	134.1	16.9	8.66	43.8	YES	74
8	1.09	149	162.4	17.1	8.71	45.0	YES	78
9	0.97	149	144.5	17.1	8.71	44.4	YES	81
10	0.91	149	135.6	16.8	8.71	45.0	YES	82
11	0.76	149	113.2	16.4	8.71	45.4	YES	84
12	0.85	149	126.7	16.7	8.75	45.6	YES	89
13	0.85	149	126.7	17.0	8.80	45.6	YES	94
14	0.87	149	129.6	18.2	8.83	42.7	YES	96
15	1.62	149	241.4	18.1	8.87	47.4	YES	84
16	1.62	149	241.4	18.3	8.99	48.9	YES	83
17	1.18	149	175.8	18.3	8.83	43.9	YES	85
18	0.93	149	138.6	17.5	8.75	43.7	YES	78
19	0.8	149	119.2	17.3	8.69	42.7	YES	88
20	0.64	149	95.4	17.3	8.51	39.2	YES	76
21	0.71	149	105.8	17.0	8.49	40.0	YES	75
22	0.64	149	95.4	14.4	8.43	46.1	YES	88
23	0.63	149	93.9	16.9	8.40	38.6	YES	83
24	0.31	149	46.2	18.8	8.39	32.7	YES	84
25	0.45	149	67.1	16.4	8.30	37.7	YES	88
26	0.44	149	65.6	17.1	8.40	37.3	YES	94
27	0.53	149	79.0	16.6	8.43	39.4	YES	92
28	0.33	149	49.2	16.7	8.39	37.7	YES	86
29	0.5	149	74.5	16.5	8.45	39.8	YES	84
30	0.61	149	90.9	16.2	8.34	39.5	YES	84
31	0.58	149	86.4	17.5	7.90	30.7	YES	82

<sup>3</sup> If Cl<sub>2</sub> 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