

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

County: Clatsop
 Month/Year: Sep-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			0.01				0.01
4			0.01				0.01
5			0.01				0.01
6			0.01				0.01
7			0.01				0.01
8			0.01				0.01
9			0.01				0.01
10			0.01				0.01
11			0.01				0.01
12			0.18				0.18
13			0.03				0.03
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			0.02				0.02
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			0.02				0.02
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							0.00

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <input checked="" type="radio"/> Yes / No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / No	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <input checked="" type="radio"/> Yes / No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / No
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Notes:

PRINTED NAME: Dan Waterbury

SIGNATURE:  DATE: 10/9/2023

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: Sep-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	0.43	149	64.1	15.8	8.29	39.0	YES	56
2	0.36	149	53.6	16.1	8.20	36.7	YES	62
3	0.32	149	47.7	16.5	8.33	37.3	YES	54
4	0.28	149	41.7	15.9	8.20	36.9	YES	58
5	0.39	149	58.1	16.0	8.30	38.5	YES	58
6	0.71	149	105.8	15.5	8.28	40.9	YES	57
7	0.92	149	137.1	16.3	7.93	34.9	YES	63
8	1.15	149	171.4	16.6	7.76	33.0	YES	66
9	0.76	149	113.2	16.0	8.12	37.5	YES	64
10	0.61	149	90.9	15.5	8.23	39.7	YES	58
11	0.58	149	86.4	14.1	8.27	44.1	YES	52
12	0.58	149	86.4	15.0	8.33	42.5	YES	67
13	0.72	149	107.3	15.1	8.28	42.1	YES	86
14	0.93	149	138.6	14.6	8.36	45.9	YES	82
15	1.38	149	205.6	16.1	8.11	39.9	YES	75
16	0.45	149	67.1	15.2	8.30	40.8	YES	70
17	0.44	149	65.6	15.0	8.26	40.7	YES	65
18	0.47	149	70.0	14.8	8.25	41.3	YES	75
19	0.75	149	111.8	14.3	8.14	42.3	YES	58
20	0.4	149	59.6	14.9	8.08	38.2	YES	54
21	0.82	149	122.2	13.7	8.15	44.5	YES	51
22	0.67	149	99.8	14.1	8.21	43.6	YES	56
23	0.67	149	99.8	14.4	8.21	42.7	YES	54
24	0.67	149	99.8	14.0	8.33	45.8	YES	62
25	0.64	149	95.4	13.8	8.39	47.3	YES	65
26	0.68	149	101.3	13.1	8.34	48.9	YES	58
27	0.41	149	61.1	13.0	8.37	48.3	YES	52
28	0.32	149	47.7	13.6	8.13	42.0	YES	59
29	0.39	149	58.1	12.6	8.71	56.0	YES	64
30	0.52	149	77.5	12.7	8.65	55.2	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