

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

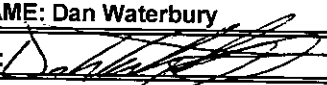
County: Clatsop
 Month/Year: Oct-23

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			0.01				0.01
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			0.01				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: 11/06/2023
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: Oct-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	0.4	149	59.6	12.9	8.58	52.4	YES	85
2	0.54	149	80.5	12.7	8.68	56.0	YES	86
3	0.48	149	71.5	13.2	8.68	53.8	YES	86
4	0.54	149	80.5	12.7	8.85	59.5	YES	88
5	1.02	149	152.0	12.5	8.86	63.9	YES	88
6	0.69	149	102.8	13.4	8.62	53.2	YES	86
7	0.73	149	108.8	13.4	8.49	50.9	YES	84
8	0.42	149	62.6	14.6	8.62	47.6	YES	86
9	0.32	149	47.7	13.8	8.46	46.8	YES	84
10	0.38	149	56.6	14.0	8.55	48.1	YES	85
11	0.77	149	114.7	14.6	8.52	47.8	YES	85
12	0.34	149	50.7	14.1	8.48	46.3	YES	84
13	0.43	149	64.1	13.8	8.39	46.2	YES	83
14	0.44	149	65.6	13.9	8.41	46.3	YES	84
15	0.41	149	61.1	13.2	8.23	45.2	YES	82
16	0.42	149	62.6	13.2	8.24	45.4	YES	82
17	0.41	149	61.1	12.6	8.21	46.7	YES	82
18	0.41	149	61.1	13.1	8.42	48.8	YES	84
19	0.33	149	49.2	12.8	8.35	48.1	YES	83
20	0.32	149	47.7	14.1	8.40	44.9	YES	84
21	0.75	149	111.8	14.0	8.48	48.9	YES	84
22	0.83	149	123.7	14.0	8.52	50.0	YES	85
23	0.41	149	61.1	12.1	8.47	52.7	YES	84
24	0.64	149	95.4	12.5	8.24	48.8	YES	82
25	0.59	149	87.9	11.5	8.15	50.0	YES	81
26	0.82	149	122.2	10.3	8.24	57.5	YES	86
27	0.74	149	110.3	10.1	8.21	57.1	YES	88
28	1.51	149	225.0	11.5	8.64	66.3	YES	91
29	1.34	149	199.7	8.8	8.32	69.6	YES	89
30	0.81	149	120.7	9.1	8.45	67.2	YES	88
31	0.91	149	135.6	8.3	8.37	69.8	YES	93

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