

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

County: Clatsop
 Month/Year: Nov-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			0.02				0.02
5			Off				Off
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			0.10				0.10
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		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 Cl ₂ 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: 12/06/2023

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: Nov-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	0.72	149	107.3	9.8	8.48	64.1	YES	58
2	0.82	149	122.2	9.8	8.44	63.9	YES	63
3	0.68	149	101.3	9.2	8.42	65.0	YES	64
4	0.73	149	108.8	9.4	8.36	63.1	YES	68
5	0.82	149	122.2	9.2	8.43	66.3	YES	65
6	0.51	149	76.0	10.7	8.83	66.8	YES	60
7	0.8	149	119.2	10.4	9.01	75.4	YES	57
8	0.67	149	99.8	10.1	9.11	78.6	YES	54
9	0.66	149	98.3	9.3	9.23	86.7	YES	58
10	0.64	149	95.4	9.5	9.27	86.6	YES	69
11	0.73	149	108.8	9.9	8.86	73.2	YES	72
12	0.64	149	95.4	9.7	9.24	84.5	YES	68
13	0.59	149	87.9	9.7	9.19	82.4	YES	64
14	0.56	149	83.4	9.4	9.00	78.2	YES	95
15	0.75	149	111.8	9.1	8.94	79.9	YES	75
16	1.21	149	180.3	8.1	8.90	89.1	YES	110
17	0.92	149	137.1	8.8	8.75	77.6	YES	68
18	0.69	149	102.8	8.9	8.77	75.5	YES	64
19	0.58	149	86.4	9.8	8.73	69.1	YES	65
20	0.8	149	119.2	8.5	8.64	75.0	YES	67
21	0.59	149	87.9	8.9	8.53	68.4	YES	68
22	0.47	149	70.0	8.3	8.41	67.2	YES	62
23	0.68	149	101.3	7.3	8.20	68.3	YES	70
24	0.86	149	128.1	8.2	8.35	69.3	YES	75
25	0.85	149	126.7	8.6	8.04	60.2	YES	72
26	0.9	149	134.1	7.5	8.14	67.7	YES	74
27	0.72	149	107.3	6.8	8.21	71.3	YES	75
28	0.81	149	120.7	6.1	7.99	69.8	YES	76
29	0.69	149	102.8	6.0	8.13	72.9	YES	70
30	0.59	149	87.9	6.2	8.19	72.7	YES	68
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