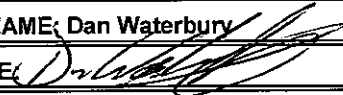


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Clatsop**
 Month/Year: **Jan-24**

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			0.07				0.07
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			0.02				0.02
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 \leq 1 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point \geq 0.2 mg/l?
All daily turbidity readings \leq 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: 2/7/2024
	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: Jan-24

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	1.13	149	168.4	8.4	8.28	68.8	YES	65
2	0.97	149	144.5	8.3	8.26	67.5	YES	58
3	1.36	149	202.6	8.6	8.23	68.5	YES	57
4	1.32	149	196.7	8.5	8.32	70.9	YES	59
5	1.46	149	217.5	8.2	8.36	74.7	YES	62
6	1.37	149	204.1	7.6	8.10	70.0	YES	64
7	1.31	149	195.2	7.4	8.03	68.7	YES	58
8	1.14	149	169.9	7.3	8.01	67.3	YES	67
9	1.41	149	210.1	8.3	8.19	69.3	YES	69
10	1.35	149	201.2	6.8	8.07	73.0	YES	72
11	1.49	149	222.0	7.0	8.12	74.5	YES	75
12	1.4	149	208.6	6.5	8.20	78.6	YES	68
13	1.03	149	153.5	6.5	8.14	73.6	YES	67
14	1.04	149	155.0	6.0	8.16	76.8	YES	58
15	0.8	149	119.2	5.5	8.05	74.2	YES	54
16	1.32	149	196.7	3.8	8.05	88.8	YES	95
17	1.19	149	177.3	3.9	8.25	93.5	YES	98
18	2.03	149	302.5	5.4	8.34	96.3	YES	96
19	0.74	149	110.3	6.1	7.91	67.2	YES	56
20	0.74	149	110.3	6.1	7.94	68.0	YES	65
21	0.99	149	147.5	6.8	7.98	67.7	YES	62
22	1.01	149	150.5	7.2	7.99	66.3	YES	60
23	1.12	149	166.9	7.4	7.96	65.5	YES	58
24	1.02	149	152.0	8.0	7.97	62.4	YES	65
25	0.87	149	129.6	7.7	8.01	63.5	YES	67
26	1.36	149	202.6	7.8	7.99	66.3	YES	75
27	1.21	149	180.3	7.6	7.93	64.6	YES	72
28	1.35	149	201.2	9.4	8.05	60.7	YES	68
29	0.68	149	101.3	9.4	8.01	55.3	YES	74
30	0.78	149	116.2	9.5	8.08	57.0	YES	73
31	0.89	149	132.6	10.1	8.06	55.0	YES	68

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