


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

County: **Clatsop**  
 Month/Year: **Mar-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 <sup>1</sup> [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			0.02				0.02
21			0.01				0.01
22			0.01				0.01
23			Off				Off
24			Off				Off
25			0.01				0.01
26			0.01				0.01
27			0.01				0.01
28			0.01				0.01
29			Off				Off
30			0.01				0.01
31			Off				Off

<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>	<u>Yes</u> / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<u>Yes</u> / No	<u>Yes</u> / No	<u>Yes</u> / No

<b>Notes:</b>	<b>PRINTED NAME: Dan Waterbury</b>	
	<b>SIGNATURE:</b> 	<b>DATE: 4/04/2024</b>
	<b>PHONE #: ( 503 )791-5751</b>	<b>CERT #: T-08798</b>

<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

Disinfection *Giardia* Log

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

Month/Year: Mar-24

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	1.47	149	219.0	6.8	8.73	94.4	YES	65
2	1.07	149	159.4	7.6	8.69	83.9	YES	68
3	1.22	149	181.8	6.6	8.71	92.3	YES	72
4	0.93	149	138.6	6.0	8.74	94.0	YES	64
5	1.33	149	198.2	5.9	8.72	98.5	YES	58
6	1.35	149	201.2	5.5	8.66	99.3	YES	56
7	1.25	149	186.3	5.7	8.65	96.4	YES	62
8	1.26	149	187.7	7.6	8.63	84.0	YES	56
9	1.2	149	178.8	7.5	8.46	78.8	YES	54
10	1.13	149	168.4	7.1	8.23	73.9	YES	57
11	1.26	149	187.7	7.5	8.35	76.3	YES	55
12	1.29	149	192.2	7.6	8.64	84.6	YES	63
13	1.22	149	181.8	7.7	8.55	80.6	YES	65
14	1.22	149	181.8	8.6	8.51	74.6	YES	68
15	1.2	149	178.8	8.2	8.39	73.2	YES	82
16	1.12	149	166.9	8.2	8.71	81.6	YES	72
17	0.98	149	146.0	8.4	8.41	70.9	YES	76
18	0.88	149	131.1	8.3	8.22	65.8	YES	89
19	1.13	149	168.4	8.9	8.05	61.2	YES	91
20	1.21	149	180.3	8.7	8.36	70.1	YES	82
21	1.91	149	284.6	8.8	8.39	76.4	YES	74
22	1.41	149	210.1	9.1	8.05	62.3	YES	75
23	1.26	149	187.7	9.7	8.14	60.8	YES	72
24	1.21	149	180.3	9.9	8.09	58.5	YES	75
25	1.1	149	163.9	9.2	7.74	53.4	YES	73
26	1.23	149	183.3	9.3	7.73	53.7	YES	76
27	1.16	149	172.8	9.4	7.97	57.6	YES	82
28	1.18	149	175.8	8.7	7.96	60.4	YES	88
29	1.89	149	281.6	8.5	8.62	84.7	YES	87
30	1.15	149	171.4	9.4	8.13	61.0	YES	86
31	0.99	149	147.5	8.9	7.83	55.6	YES	85

<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](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350