


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

County: **Clatsop**
 Month/Year: **Apr-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			0.01				0.01
2			Off				Off
3			0.01				0.01
4			Off				Off
5			0.03				0.03
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			Off				Off
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			Off				Off
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 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: 5/08/2024
		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: Apr-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	0.56	149	83.4	9.1	7.75	50.7	YES	67
2	1.06	149	157.9	9.5	8.26	62.8	YES	68
3	1.04	149	155.0	9.5	8.24	62.2	YES	65
4	1.04	149	155.0	9.4	7.51	48.2	YES	64
5	1.03	149	153.5	9.3	8.22	62.6	YES	68
6	0.65	149	96.9	9.3	7.65	48.8	YES	56
7	0.72	149	107.3	9.5	7.68	49.1	YES	61
8	1.29	149	192.2	10.3	8.26	61.1	YES	56
9	0.93	149	138.6	9.7	7.76	51.0	YES	58
10	1.21	149	180.3	10.6	8.09	55.8	YES	57
11	1.33	149	198.2	9.6	8.13	61.4	YES	54
12	0.8	149	119.2	9.2	7.82	53.1	YES	63
13	1.04	149	155.0	10.1	8.31	61.3	YES	66
14	0.78	149	116.2	9.8	8.06	55.5	YES	68
15	0.9	149	134.1	9.5	8.19	60.1	YES	79
16	1.28	149	190.7	9.6	8.23	63.3	YES	72
17	1.05	149	156.5	9.0	8.10	61.3	YES	74
18	0.92	149	137.1	9.1	8.34	65.4	YES	89
19	1.27	149	189.2	9.7	8.38	66.4	YES	81
20	1.1	149	163.9	10.5	8.52	64.8	YES	82
21	1.73	149	257.8	10.9	8.51	67.7	YES	71
22	1.63	149	242.9	10.1	8.56	71.9	YES	75
23	1.57	149	233.9	9.9	8.56	72.4	YES	70
24	1.45	149	216.1	10.3	8.29	63.0	YES	75
25	1.29	149	192.2	10.4	8.41	64.1	YES	78
26	1.13	149	168.4	10.3	8.44	64.1	YES	76
27	0.99	149	147.5	10.2	8.55	66.0	YES	81
28	0.83	149	123.7	10.1	8.44	62.7	YES	84
29	0.79	149	117.7	9.6	8.35	62.5	YES	81
30	1.16	149	172.8	10.5	8.21	58.3	YES	82
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