

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

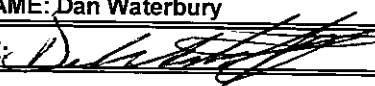
County: **Clatsop**  
 Month/Year: **Jun-24**

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			Off				Off
2			Off				Off
3			0.01				0.01
4			0.01				0.01
5			0.01				0.01
6			0.01				0.01
7			0.04				0.04
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			0.09				0.09
30			0.01				0.01
31							0.00

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup>	<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: <b>Dan Waterbury</b>	
SIGNATURE: 	DATE: <b>7/09/2024</b>
PHONE #: <b>( 503 ) 791-5751</b>	CERT #: <b>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

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

Month/Year: Jun-24

Disinfection *Giardia* Log 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	1.05	149	156.5	13.1	8.55	55.0	YES	65
2	1.03	149	153.5	12.9	8.46	53.8	YES	72
3	1.13	149	168.4	13.9	8.51	51.9	YES	77
4	1.29	149	192.2	13.0	8.25	51.0	YES	76
5	1.28	149	190.7	12.7	8.18	50.6	YES	65
6	0.57	149	84.9	12.1	7.95	44.7	YES	64
7	0.69	149	102.8	12.0	7.93	45.2	YES	68
8	1.27	149	189.2	13.4	8.23	49.2	YES	76
9	1.31	149	195.2	13.4	8.22	49.2	YES	78
10	1.28	149	190.7	13.6	8.21	48.2	YES	82
11	1.29	149	192.2	13.5	8.26	49.5	YES	74
12	0.89	149	132.6	13.3	8.41	50.7	YES	72
13	1.29	149	192.2	13.3	8.38	52.4	YES	68
14	1.4	149	208.6	12.8	8.31	53.5	YES	65
15	1.38	149	205.6	13.3	8.49	55.1	YES	79
16	1.31	149	195.2	13.2	8.42	53.7	YES	76
17	1.22	149	181.8	12.7	8.37	53.9	YES	78
18	1.29	149	192.2	13.4	8.29	50.4	YES	89
19	1.32	149	196.7	13.2	8.24	50.3	YES	86
20	1.35	149	201.2	13.7	8.24	48.8	YES	84
21	1.23	149	183.3	13.7	8.36	50.4	YES	76
22	1.14	149	169.9	13.9	8.23	46.9	YES	78
23	0.94	149	140.1	14.3	8.31	46.0	YES	75
24	1.01	149	150.5	13.9	8.29	47.2	YES	78
25	1	149	149.0	14.5	8.17	43.4	YES	74
26	1.03	149	153.5	14.7	8.45	47.6	YES	77
27	1.06	149	157.9	14.6	8.05	41.5	YES	75
28	1.01	149	150.5	14.2	8.39	48.0	YES	81
29	1.28	149	190.7	14.0	7.83	40.9	YES	84
30	0.8	149	119.2	15.2	8.50	45.7	YES	85
31		149						

<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