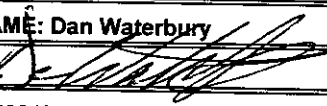


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Clatsop**
 Month/Year: **Jul-24**
 WTP: TP - **A**

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

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			0.13				0.13
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			0.03				0.03
13			0.01				0.01
14			0.16				0.16
15			0.02				0.02
16			0.01				0.01
17			0.02				0.02
18			0.02				0.02
19			0.29				0.29
20			0.02				0.02
21			0.01				0.01
22			0.13				0.13
23			0.02				0.02
24			0.02				0.02
25			0.01				0.01
26			0.02				0.02
27			0.01				0.01
28			0.01				0.01
29			0.02				0.02
30			0.02				0.02
31			0.06				0.06

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		DATE: 8/08/2024
	SIGNATURE: 		CERT #: T-08798
	PHONE #: (503)791-5751		

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: Jul-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	0.53	149	79.0	15.0	8.55	45.8	YES	68
2	0.65	149	96.9	14.7	8.45	45.6	YES	72
3	0.68	149	101.3	14.7	8.36	44.3	YES	84
4	0.83	149	123.7	15.5	8.51	45.1	YES	88
5	0.84	149	125.2	14.8	8.36	44.8	YES	82
6	0.8	149	119.2	15.6	8.07	38.0	YES	78
7	0.64	149	95.4	16.3	7.92	33.7	YES	86
8	0.85	149	126.7	16.4	7.89	33.9	YES	64
9	0.69	149	102.8	16.8	8.06	34.5	YES	67
10	0.97	149	144.5	16.9	8.11	36.1	YES	75
11	1.04	149	155.0	16.9	8.04	35.4	YES	76
12	0.87	149	129.6	16.8	7.99	34.3	YES	73
13	1.29	149	192.2	16.7	8.02	36.7	YES	82
14	0.8	149	119.2	17.0	8.08	34.8	YES	84
15	0.69	149	102.8	16.5	8.13	36.2	YES	76
16	1.08	149	160.9	16.2	8.12	38.4	YES	83
17	1.15	149	171.4	16.3	8.08	37.9	YES	81
18	1.06	149	157.9	16.1	8.14	38.9	YES	88
19	1.03	149	153.5	16.4	8.13	37.8	YES	86
20	1.14	149	169.9	16.4	8.06	37.3	YES	87
21	1.13	149	168.4	16.9	8.03	35.7	YES	83
22	1.01	149	150.5	16.0	8.00	36.9	YES	85
23	1.05	149	156.5	16.5	8.05	36.6	YES	86
24	0.84	149	125.2	15.3	7.99	37.8	YES	89
25	1.18	149	175.8	15.0	8.12	42.1	YES	91
26	1.34	149	199.7	14.7	8.36	47.7	YES	92
27	1.28	149	190.7	15.1	8.36	46.2	YES	87
28	1.25	149	186.3	15.2	8.37	45.9	YES	88
29	1.16	149	172.8	14.3	7.81	39.2	YES	91
30	0.91	149	135.6	15.7	8.15	39.4	YES	89
31	0.96	149	143.0	15.9	7.95	36.3	YES	90

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