


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

County: Clatsop
 Month/Year: Aug-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							0.00
2			0.02				0.02
3			0.16				0.16
4			0.01				0.01
5			0.07				0.07
6			0.01				0.01
7			0.01				0.01
8			0.03				0.03
9			0.09				0.09
10			0.02				0.02
11			0.03				0.03
12			0.01				0.01
13			0.03				0.03
14			0.04				0.04
15			0.01				0.01
16			0.03				0.03
17			0.02				0.02
18			0.02				0.02
19			0.03				0.03
20			0.02				0.02
21			0.01				0.01
22			0.01				0.01
23			0.02				0.02
24			0.01				0.01
25			0.01				0.01
26			0.02				0.02
27			0.02				0.02
28			0.02				0.02
29			0.01				0.01
30			0.02				0.02
31			0.03				0.03

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	Yes No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes No	Yes No	Yes No

Notes:	PRINTED NAME: Dan Waterbury	
	SIGNATURE: 	DATE: 9/09/2024
	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: Aug-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	0.85	149	126.7	15.5	7.78	34.6	YES	65
2	0.68	149	101.3	16.1	7.81	33.0	YES	67
3	0.96	149	143.0	16.2	7.96	35.7	YES	68
4	1.08	149	160.9	16.1	8.07	38.0	YES	72
5	0.98	149	146.0	16.2	8.11	37.8	YES	71
6	0.72	149	107.3	16.3	8.12	36.6	YES	76
7	0.57	149	84.9	16.2	8.18	37.1	YES	82
8	1.05	149	156.5	15.9	8.37	42.8	YES	75
9	0.87	149	129.6	15.7	8.28	41.1	YES	81
10	0.97	149	144.5	16.1	8.34	41.4	YES	69
11	0.93	149	138.6	16.2	8.32	40.6	YES	74
12	0.88	149	131.1	15.6	8.27	41.3	YES	75
13	0.71	149	105.8	13.7	8.24	45.4	YES	72
14	0.41	149	61.1	15.5	8.55	43.7	YES	71
15	0.69	149	102.8	15.4	8.29	41.3	YES	73
16	0.65	149	96.9	15.2	8.34	42.4	YES	76
17	0.91	149	135.6	17.2	8.41	39.2	YES	78
18	0.7	149	104.3	15.6	8.43	42.9	YES	82
19	0.65	149	96.9	15.6	8.42	42.5	YES	86
20	0.57	149	84.9	14.8	8.32	42.8	YES	88
21	0.51	149	76.0	15.2	8.17	39.2	YES	78
22	0.63	149	93.9	14.8	8.15	40.5	YES	75
23	0.7	149	104.3	14.7	8.24	42.5	YES	73
24	0.57	149	84.9	14.6	8.17	41.1	YES	79
25	0.64	149	95.4	15.0	8.39	43.7	YES	82
26	0.65	149	96.9	14.2	8.28	44.3	YES	85
27	1.11	149	165.4	14.4	8.42	48.5	YES	86
28	1.22	149	181.8	14.8	8.17	43.6	YES	83
29	1.16	149	172.8	14.7	8.15	43.3	YES	88
30	1.12	149	166.9	14.8	8.19	43.4	YES	85
31	0.89	149	132.6	15.5	8.24	41.2	YES	87

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