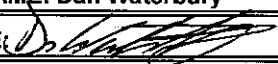


OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Clatsop
 Month/Year: Sep-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			0.02				0.02
3			0.03				0.03
4			0.14				0.14
5			0.03				0.03
6			0.02				0.02
7			0.01				0.01
8			0.50				0.50
9			0.02				0.02
10			0.02				0.02
11			0.01				0.01
12			0.04				0.04
13			0.01				0.01
14			0.03				0.03
15			0.18				0.18
16			0.02				0.02
17			0.03				0.03
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			0.15				0.15
25			0.01				0.01
26			0.02				0.02
27			0.13				0.13
28			0.01				0.01
29			0.08				0.08
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 \leq 1 NTU? ²	<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: Dan Waterbury	
		SIGNATURE: 	DATE: 10/10/2024
		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: Sep-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	0.88	149	131.1	15.3	8.26	42.0	YES	70
2	0.7	149	104.3	15.5	8.24	40.3	YES	75
3	0.83	149	123.7	0.5	8.19	111.0	YES	78
4	0.52	149	77.5	15.1	8.19	39.8	YES	81
5	0.73	149	108.8	15.9	8.35	41.0	YES	85
6	0.66	149	98.3	16.0	8.33	40.1	YES	83
7	0.91	149	135.6	16.3	8.29	39.8	YES	85
8	0.89	149	132.6	16.4	8.35	40.4	YES	86
9	0.71	149	105.8	16.0	8.35	40.6	YES	78
10	0.82	149	122.2	15.7	8.37	42.3	YES	87
11	1.01	149	150.5	14.9	7.58	34.0	YES	91
12	0.91	149	135.6	15.1	8.36	44.3	YES	82
13	0.53	149	79.0	14.4	8.45	45.9	YES	84
14	0.64	149	95.4	14.8	8.54	46.8	YES	86
15	0.99	149	147.5	14.3	8.52	50.0	YES	87
16	0.94	149	140.1	13.9	8.45	49.7	YES	85
17	0.37	149	55.1	14.4	8.57	47.1	YES	88
18	0.33	149	49.2	14.5	8.65	48.0	YES	86
19	0.42	149	62.6	14.3	8.57	47.7	YES	85
20	0.41	149	61.1	14.1	8.56	48.1	YES	76
21	0.84	149	125.2	14.1	8.24	44.9	YES	78
22	0.84	149	125.2	14.3	8.47	48.2	YES	88
23	0.88	149	131.1	14.2	8.52	49.7	YES	81
24	0.81	149	120.7	14.1	8.51	49.4	YES	86
25	0.74	149	110.3	14.2	8.48	48.2	YES	84
26	0.68	149	101.3	13.5	8.51	50.7	YES	83
27	0.72	149	107.3	14.3	8.52	48.5	YES	84
28	0.63	149	93.9	14.1	8.27	44.3	YES	85
29	0.54	149	80.5	13.5	8.21	44.7	YES	86
30	0.86	149	128.1	12.6	8.27	50.2	YES	92
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