

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

County: **CLATSOP**  
 Month/Year: **Novemeber 2024**

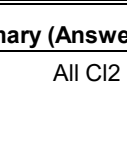
System Name: **WICKIUP WATER DISTRICT** ID#: **41 00063** WTP : TP - **A**

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			0.16				0.16
2			0.46				0.46
3			0.32				0.32
4			0.26				0.26
5			0.31				0.31
6			0.13				0.13
7			0.16				0.16
8			0.13				0.13
9			0.18				0.18
10			0.16				0.16
11			0.16				0.16
12			0.17				0.17
13			0.22				0.22
14			0.26				0.26
15			0.24				0.24
16			0.29				0.29
17			0.54				0.54
18			0.33				0.33
19			0.38				0.38
20			0.26				0.26
21			0.28				0.28
22			0.33				0.33
23			0.28				0.28
24			0.28				0.28
25			0.35				0.35
26			0.19				0.19
27			0.22				0.22
28			0.18				0.18
29			0.17				0.17
30			0.21				0.21
31							

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

**Notes: Used actual Contact Time based on PHDF for Novemer 3rd and November 22nd.**

**PRINTED NAME: Eric Bufkin**

**SIGNATURE:**  **DATE: 12/09/2024**

**PHONE #: ( 503 ) 468-8998** **CERT #: T-08793**

<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: 24-Nov**

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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.9	149	134.1	11.9	8.39	55.0	YES	95
2	0.66	149	98.3	9.9	8.63	66.8	YES	77
3	0.28	808	226.2	10.3	8.53	59.9	YES	88.75
4	0.4	149	59.6	10.1	8.37	58.1	YES	90
5	0.4	149	59.6	9.7	8.25	57.2	YES	117
6	1.18	149	175.8	10.0	8.39	64.6	YES	80
7	0.59	149	87.9	9.7	8.15	56.4	YES	85
8	0.95	149	141.6	9.4	8.13	59.6	YES	90
9	1.2	149	178.8	11.3	8.29	57.1	YES	81
10	0.78	149	116.2	9.4	7.98	55.4	YES	94
11	0.4	149	59.6	9.7	8.09	54.0	YES	86
12	1.11	149	165.4	11.2	8.21	55.3	YES	71.5
13	0.77	149	114.7	11.1	8.31	55.5	YES	85
14	0.39	149	58.1	9.7	7.72	47.3	YES	81
15	1.09	149	162.4	9.2	7.21	44.2	YES	92
16	0.46	149	68.5	8.8	8.24	61.0	YES	96
17	0.76	149	113.2	9.2	8.45	66.4	YES	85
18	0.44	149	65.6	8.6	8.33	63.8	YES	85.5
19	0.53	149	79.0	8.0	8.69	76.6	YES	92
20	0.57	149	84.9	8.9	8.50	67.5	YES	89
21	0.52	149	77.5	8.4	8.32	65.0	YES	51.5
22	0.37	839	310.4	8.9	8.24	60.0	YES	86.5
23	1.86	149	277.1	8.2	9.00	99.2	YES	88
24	0.68	149	101.3	9.5	8.43	63.9	YES	68.5
25	0.56	149	83.4	10.1	7.80	48.3	YES	76
26	0.59	149	87.9	8.4	7.70	52.4	YES	86
27	1.12	149	166.9	9.5	7.18	43.0	YES	85
28	1.25	149	186.3	8.0	7.81	60.4	YES	94
29	2.5	149	372.5	7.4	7.25	59.5	YES	99
30	1.14	149	169.9	6.8	7.68	61.8	YES	101
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.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:  
 dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350