

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

County: **CLATSOP**
 Month/Year: **Dec-25**

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			0.28				0.28
2			0.23				0.23
3			0.15				0.15
4			0.18				0.18
5			0.41				0.41
6			0.49				0.49
7			0.44				0.44
8			0.42				0.42
9			0.63				0.63
10			0.65				0.65
11			0.76				0.76
12			0.59				0.59
13			0.28				0.28
14			0.22				0.22
15			0.24				0.24
16			0.61				0.61
17			0.49				0.49
18			0.49				0.49
19			0.29				0.29
20			0.29				0.29
21			0.21				0.21
22			0.22				0.22
23			0.22				0.22
24			0.36				0.36
25			0.27				0.27
26			0.21				0.21
27			0.25				0.25
28			0.29				0.29
29			0.26				0.26
30			0.28				0.28
31			0.26				0.26

Slow Sand/Membrane/DE Filtration/Unfiltered			
95% of daily turbidity readings ≤ 1 NTU? ²	YES	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	YES	Yes	Yes

Notes: See attached sheet re: CT on the following page. All calculations are based on the 2010 tracer study and .38 baffling factor.

PRINTED NAME: ERIC BUFKIN	
SIGNATURE: <i>Eric Bufkin</i>	DATE: 01/08/2026
PHONE #: (503) 468-8998	CERT #: T-08793

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: Dec-25**

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	[° C]		formula	Yes / No	[GPM]
1	0.88	149	131.1	10.9	8.34	57.6	YES	72
2	0.98	149	146.0	10.3	8.21	57.9	YES	66
3	0.87	149	129.6	10.7	7.96	50.9	YES	77
4	1.41	149	210.1	10.0	8.09	59.5	YES	66
5	1.12	149	166.9	9.5	8.45	67.8	YES	92
6	0.83	149	123.7	10.8	8.50	61.1	YES	103
7	1.15	149	171.4	10.4	8.31	60.8	YES	67
8	1.13	149	168.4	11.0	8.21	56.2	YES	
9	0.56	149	83.4	11.5	8.46	55.7	YES	84
10	0.31	825	255.8	12.1	8.54	53.5	YES	89 *see attached
11	0.32	815	260.8	11.4	8.64	58.2	YES	89 * see attached
12	0.3	844	253.2	13.3	8.55	49.9	YES	91 * see attached
13	1.27	149	189.2	11.8	8.56	61.4	YES	93
14	1.45	149	216.1	11.8	8.00	51.3	YES	108
15	0.94	149	140.1	13.1	8.10	46.1	YES	78
16	1.57	149	233.9	11.1	8.51	65.5	YES	97
17	1.39	149	207.1	10.3	8.02	56.7	YES	68
18	1.39	149	207.1	10.2	8.04	57.5	YES	69
19	1.91	149	284.6	9.0	8.71	84.8	YES	89
20	1.82	149	271.2	9.4	8.68	80.7	YES	
21	1.89	149	281.6	9.0	8.69	83.9	YES	
22	1.79	149	266.7	9.6	8.68	79.3	YES	
23	1.17	149	174.3	9.5	8.87	79.6	YES	104
24	1.41	149	210.1	8.2	8.49	77.9	YES	108
25	0.8	149	119.2	9.6	8.01	55.3	YES	83
26	1.33	149	198.2	8.4	8.42	74.1	YES	92
27	1.87	149	278.6	7.4	8.04	73.6	YES	115
28	1.62	149	241.4	7.6	7.97	68.7	YES	104
29	1.59	149	236.9	7.2	8.03	72.0	YES	76
30	1.16	149	172.8	6.6	7.93	68.7	YES	86
31	1.69	149	251.8	6.0	7.84	73.8	YES	93

³ If Cl₂ 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

12th .30 Hight 14'8" Dose .30
.30 (197,728 ÷ .38) PHF 91
75,136 ÷ 91 = 14'8"
.30 x 825
Ct 247 over 60

11th .32 x (191,061 x .38) 14'4"
.32 x 72,603 x 89 PHF 89
.32 · 815 Dose .32
Ct 260 over 60

10th .31 197,728 x .38 14'4"
(197 ÷ .38) Dose .31
75,136 ÷ 89 PHF 89
.31 x 844
Ct 261 over 60.