


OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Clatsop**
 Month/Year: **Mar-21**

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

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	0.044	0.040	Off	0.038	0.040	0.084	0.084
2	0.042	0.046	Off	0.040	0.038	0.036	0.046
3	0.037	Off	Off	0.042	0.051	0.037	0.051
4	0.041	Off	Off	0.041	0.035	0.042	0.042
5	0.045	Off	Off	0.036	0.038	0.057	0.057
6	0.040	Off	Off	0.044	0.038	0.041	0.044
7	0.040	0.040	Off	0.047	0.040	0.041	0.047
8	0.043	0.039	Off	0.035	0.041	0.043	0.043
9	Off	Off	0.039	0.039	0.044	0.033	0.044
10	0.038	Off	Off	0.041	0.036	0.038	0.041
11	0.042	Off	Off	0.087	0.040	0.037	0.087
12	0.045	Off	Off	0.042	0.040	0.039	0.045
13	0.042	0.039	Off	0.041	0.044	0.043	0.044
14	0.052	Off	Off	0.040	0.043	0.045	0.052
15	0.043	Off	Off	0.039	0.038	0.039	0.043
16	0.038	Off	Off	0.040	0.039	0.037	0.040
17	0.045	Off	Off	0.040	0.040	0.043	0.045
18	0.043	Off	0.055	0.058	0.043	0.051	0.058
19	Off	Off	0.042	0.050	0.043	0.080	0.080
20	Off	Off	0.048	0.100	0.043	0.037	0.100
21	0.039	Off	Off	0.056	0.040	0.050	0.056
22	Off	Off	Off	0.044	0.057	0.041	0.057
23	0.038	0.038	0.039	0.047	0.041	0.053	0.053
24	0.044	0.050	Off	0.044	Off	Off	0.050
25	Off	Off	Off	Off	Off	Off	Off
26	0.033	0.033	0.032	0.036	0.039	0.036	0.039
27	0.039	Off	Off	0.038	0.038	0.036	0.039
28	0.040	0.042	Off	0.041	Off	Off	0.042
29	Off	Off	Off	0.032	0.037	0.032	0.037
30	0.038	0.034	0.036	0.040	0.038	0.049	0.049
31	0.036	Off	0.037	0.041	0.037	0.040	0.041

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings \leq 0.3 NTU? Yes / No	CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point \geq 0.2 mg/l? Yes / No
All 4-hour turbidity readings \leq 1 NTU? Yes / No		
All turbidity readings < IFE ² triggers Yes / No		
Notes: Feb 13th PHF I believe is a computer glitch we lost power due to the ice storm and the scada system had to be reset upon restart	PRINTED NAME: Dan Waterbury	
	SIGNATURE: 	DATE: 4/8/21
	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 IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - :B

System Name:	Wickiup Water District	ID#: 41-00063	Month/Year:	Mar-21	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	
1	1.03	241	248.2	8.1	7.92	60.9	YES	236
2	0.85	241	204.9	7.7	8.63	79.4	YES	249
3	1.11	241	267.5	8.5	7.73	55.9	YES	241
4	1.11	241	267.5	7.7	7.39	52.2	YES	238
5	1.06	241	255.5	8.0	7.63	55.4	YES	234
6	1.09	241	262.7	8.1	7.42	51.2	YES	235
7	1.08	241	260.3	8.1	7.22	47.7	YES	242
8	1.11	241	267.5	7.0	7.32	53.3	YES	243
9	1.23	241	296.4	7.5	7.20	50.1	YES	241
10	1.32	241	318.1	8.2	7.27	49.5	YES	251
11	1.27	241	306.1	8.3	7.34	50.2	YES	250
12	1.33	241	320.5	7.1	7.40	55.9	YES	242
13	1.19	241	286.8	6.9	7.23	52.5	YES	230
14	1.09	241	262.7	7.4	7.34	52.2	YES	240
15	1.18	241	284.4	6.8	7.38	55.7	YES	255
16	1.12	241	269.9	6.5	7.35	55.8	YES	247
17	1.09	241	262.7	6.6	7.31	54.5	YES	238
18	1.1	241	265.1	7.1	7.42	54.9	YES	243
19	1.05	241	253.1	7.4	7.52	55.4	YES	248
20	1.1	241	265.1	7.5	7.58	56.6	YES	238
21	1.13	241	272.3	7.6	7.64	57.6	YES	237
22	1.07	241	257.9	7.6	7.67	57.8	YES	235
23	1.18	241	284.4	7.3	7.76	61.7	YES	271
24	1.19	241	286.8	8.0	7.88	61.6	YES	256
25	1.09	241	262.7	7.8	7.81	60.1	YES	230
26	0.95	241	229.0	7.9	7.89	60.5	YES	245
27	1.09	241	262.7	8.2	7.76	57.5	YES	261
28	1.02	241	245.8	8.5	7.93	59.4	YES	238
29	1.07	241	257.9	7.9	7.93	62.2	YES	230
30	1.01	241	243.4	7.7	8.04	65.2	YES	248
31	1.09	241	262.7	7.6	8.21	70.5	YES	246

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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