

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Clatsop

Conventional or Direct Filtration

Month/Year: May-21

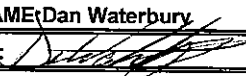
System Name: Wickiup Water District ID#: 41-00063 WTP: TP - B

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	0.045	Off	Off	0.039	0.033	0.035	0.045
2	0.047	Off	Off	0.034	0.032	0.035	0.047
3	0.029	0.032	Off	0.035	0.033	0.038	0.038
4	Off	Off	0.037	0.032	0.040	0.035	0.040
5	0.030	Off	Off	0.033	0.032	0.034	0.034
6	0.038	0.033	Off	0.036	0.036	0.036	0.038
7	0.036	0.035	Off	0.037	Off	0.032	0.037
8	Off	Off	Off	0.033	Off	0.038	0.038
9	Off	0.036	Off	0.049	0.059	0.041	0.059
10	0.038	Off	Off	Off	0.036	0.044	0.044
11	0.037	Off	Off	0.035	0.036	0.036	0.037
12	0.031	0.030	0.033	Off	Off	0.034	0.034
13	0.035	0.034	0.033	0.036	Off	0.038	0.038
14	0.038	0.045	0.033	Off	0.048	0.034	0.048
15	0.035	0.037	Off	0.037	0.043	0.031	0.043
16	0.044	Off	Off	0.034	0.036	0.033	0.044
17	0.034	Off	Off	0.036	0.037	0.034	0.037
18	Off	Off	0.049	0.031	0.035	0.031	0.049
19	0.038	Off	0.051	0.031	Off	0.035	0.038
20	0.073	Off	Off	0.031	0.031	0.042	0.073
21	Off	Off	0.034	0.032	0.029	0.031	0.034
22	0.038	Off	Off	0.036	0.034	0.043	0.043
23	0.030	Off	Off	0.034	0.036	0.039	0.039
24	0.044	Off	Off	0.035	0.037	0.057	0.057
25	Off	Off	0.035	0.043	Off	0.039	0.043
26	Off	Off	0.050	0.037	0.043	0.037	0.050
27	Off	Off	0.040	0.056	0.108	0.121	0.121
28	Off	Off	Off	Off	0.051	0.049	0.051
29	0.054	0.042	0.056	0.061	0.047	0.057	0.061
30	0.080	0.052	Off	0.051	0.059	0.056	0.080
31	0.058	0.055	0.062	Off	0.059	Off	0.062

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings \leq 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl ₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All 4-hour turbidity readings \leq 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:

PRINTED NAME: Dan Waterbury

SIGNATURE: 

PHONE #: (503) 791-5751

DATE: 6/8/21

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

System Name:	Wickiup Water District	ID#: 41-00063	Month/Year:	May-21	WTP - :B	Disinfection Giardia 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	Peak Hourly Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	GPM
1	1.12	241	269.9	11.1	8.69	66.3	YES	242
2	1.1	241	265.1	11.2	8.63	64.3	YES	243
3	1.05	241	253.1	11.1	8.68	65.6	YES	241
4	0.99	241	238.6	11.0	8.79	68.2	YES	245
5	0.94	241	226.5	10.9	8.76	67.6	YES	242
6	0.98	241	236.2	11.1	8.83	68.7	YES	247
7	1.02	241	245.8	11.2	8.73	66.1	YES	244
8	0.89	241	214.5	10.8	8.65	65.0	YES	229
9	1.08	241	260.3	10.6	8.62	66.6	YES	234
10	1.04	241	250.6	10.9	8.73	67.6	YES	240
11	1.03	241	248.2	10.7	8.67	67.0	YES	250
12	0.92	241	221.7	11.7	8.72	62.9	YES	241
13	0.99	241	238.6	11.4	8.63	62.6	YES	250
14	0.96	241	231.4	11.6	8.62	61.4	YES	244
15	0.93	241	224.1	12.1	8.63	59.3	YES	232
16	0.94	241	226.5	11.7	8.70	62.6	YES	231
17	0.93	241	224.1	12.0	8.68	60.8	YES	240
18	0.96	241	231.4	11.6	8.64	61.8	YES	241
19	0.94	241	226.5	11.4	8.69	63.6	YES	249
20	0.99	241	238.6	11.3	8.67	64.0	YES	241
21	1.07	241	257.9	11.0	8.65	65.4	YES	244
22	1.01	241	243.4	10.9	8.62	64.7	YES	233
23	0.93	241	224.1	11.3	8.67	63.5	YES	231
24	0.95	241	229.0	11.1	8.72	65.8	YES	249
25	1.01	241	243.4	11.0	8.64	64.8	YES	234
26	0.92	241	221.7	11.2	8.67	63.9	YES	234
27	0.99	241	238.6	11.3	8.70	64.7	YES	225
28	0.99	241	238.6	11.6	8.67	62.7	YES	232
29	1.16	241	279.6	11.5	8.63	63.5	YES	245
30	1.21	241	291.6	12.2	8.60	60.2	YES	243
31	1.1	241	265.1	12.8	8.58	57.1	YES	239

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

Revised July 2018

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