


OHA - Drinking Water Services -Turbidity Monitoring Report Form

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

Conventional or Direct Filtration

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	0.058	Off	0.063	0.058	0.057	0.064	0.064
2	0.054	0.056	0.055	0.049	0.051	0.052	0.056
3	0.051	0.046	0.050	0.051	0.054	0.049	0.054
4	0.050	0.055	0.058	0.045	0.052	0.050	0.058
5	0.085	0.045	0.059	0.087	Off	Off	0.085
6	Off	Off	Off	Off	Off	Off	Off
7	Off	Off	Off	Off	0.039	0.040	0.040
8	0.038	0.037	0.040	0.040	0.036	0.051	0.051
9	0.139	0.043	0.059	0.058	0.038	0.038	0.139
10	0.044	0.041	0.041	0.039	0.043	0.042	0.044
11	0.042	0.045	Off	0.053	0.041	Off	0.053
12	Off	0.038	0.043	0.045	0.037	0.046	0.046
13	Off	Off	0.043	0.042	Off	Off	0.043
14	Off	Off	Off	Off	0.076	0.037	0.076
15	0.037	0.039	0.037	0.036	0.036	0.039	0.039
16	Off	Off	0.040	0.039	0.036	0.034	0.040
17	0.045	0.040	Off	0.039	0.046	0.039	0.045
18	0.069	0.041	Off	0.034	0.039	0.036	0.069
19	0.062	Off	Off	0.038	0.038	0.039	0.062
20	0.044	0.040	0.042	0.043	0.042	0.041	0.044
21	0.041	0.043	0.044	0.042	0.038	0.042	0.044
22	0.043	0.044	0.041	0.050	0.046	0.045	0.050
23	Off	Off	0.041	0.043	0.039	0.039	0.041
24	0.043	0.040	Off	0.040	0.039	0.039	0.043
25	0.043	0.040	0.040	Off	0.043	0.044	0.044
26	0.043	0.045	0.046	0.045	0.043	0.049	0.049
27	0.048	0.045	0.040	0.040	0.048	0.044	0.048
28	0.047	0.041	0.046	0.045	0.048	0.048	0.048
29	0.043	0.045	0.044	Off	0.045	0.043	0.045
30	0.048	0.044	0.044	0.041	0.046	0.043	0.048
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes/No	CT's met everyday? (see back) Yes/No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No
All 4-hour turbidity readings ≤ 1 NTU? Yes/No		
All turbidity readings < IFE ² triggers Yes/No		
Notes:	PRINTED NAME: Dan Waterbury	
	SIGNATURE: 	DATE: 7/8/21
	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 Eff. (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: Jun-21	Disinfection <i>Giardia</i> Log Inactive: 1
-------------------------------------	---------------	--------------------	---

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	1.06	241	255.5	13.5	8.63	55.3	YES	255
2	1.04	241	250.6	13.9	8.44	50.1	YES	283
3	1.05	241	253.1	14.4	8.30	46.1	YES	288
4	1.07	241	257.9	13.8	8.33	48.6	YES	277
5	0.95	241	229.0	14.9	8.12	41.3	YES	240
6	0.92	241	221.7	13.0	8.33	50.4	YES	225
7	0.76	241	183.2	13.4	8.31	47.8	YES	240
8	1.06	241	255.5	12.3	8.21	51.1	YES	262
9	0.85	241	204.9	11.7	8.25	52.7	YES	269
10	0.93	241	224.1	11.7	8.15	51.3	YES	224
11	0.93	241	224.1	11.9	8.14	50.4	YES	224
12	1.06	241	255.5	11.5	8.37	57.1	YES	234
13	1.03	241	248.2	12.3	8.29	52.4	YES	225
14	1.04	241	250.6	12.3	8.20	50.8	YES	218
15	1	241	241.0	12.4	8.22	50.6	YES	237
16	1.06	241	255.5	12.5	8.19	50.2	YES	247
17	0.99	241	238.6	13.2	8.07	45.5	YES	234
18	1.06	241	255.5	13.5	7.94	42.9	YES	264
19	0.96	241	231.4	13.9	7.90	40.7	YES	231
20	1.11	241	267.5	13.2	7.82	42.1	YES	256
21	1.07	241	257.9	14.8	7.76	36.9	YES	277
22	1.08	241	260.3	14.5	7.73	37.2	YES	262
23	1.09	241	262.7	14.6	8.19	43.9	YES	243
24	1.11	241	267.5	14.6	8.36	46.8	YES	243
25	1.14	241	274.7	15.7	8.05	39.0	YES	269
26	1.22	241	294.0	15.9	7.90	36.7	YES	299
27	1.22	241	294.0	16.4	7.81	34.3	YES	301
28	1.26	241	303.7	17.9	7.64	29.3	YES	286
29	1.31	241	315.7	17.9	7.61	29.2	YES	275
30	1.26	241	303.7	17.2	7.77	32.2	YES	344
31		241						

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