

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Clatsop**  
 Month/Year: **Jul-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 <sup>1</sup> [NTU]
1	0.046	0.042	0.043	0.040	Off	0.040	0.046
2	Off	0.040	Off	0.032	0.034	0.035	0.040
3	0.035	0.035	Off	0.032	0.033	Off	0.035
4	0.036	0.036	0.043	0.035	0.042	0.033	0.043
5	0.040	Off	0.037	0.037	0.040	0.038	0.040
6	0.035	0.037	0.036	0.036	0.038	0.037	0.038
7	0.036	0.039	Off	0.035	0.033	0.036	0.039
8	0.036	Off	Off	0.034	0.038	0.039	0.039
9	0.037	0.039	0.034	0.036	0.036	0.035	0.039
10	0.038	0.036	0.037	0.039	0.032	0.040	0.040
11	0.038	0.034	Off	0.031	0.037	0.033	0.038
12	0.036	0.036	0.039	0.032	0.040	0.034	0.040
13	0.040	0.040	0.036	0.033	0.035	0.034	0.040
14	0.034	Off	Off	0.039	0.035	0.038	0.039
15	0.033	0.035	Off	0.037	0.037	0.032	0.037
16	0.034	0.041	Off	0.033	0.035	0.036	0.041
17	0.033	Off	Off	0.039	0.043	0.036	0.043
18	0.032	0.033	Off	0.033	0.039	0.032	0.039
19	0.035	0.036	0.037	Off	0.033	0.040	0.040
20	0.034	0.045	0.036	0.033	0.037	0.036	0.045
21	0.037	0.034	Off	0.032	0.037	0.037	0.037
22	Off	0.037	0.035	0.032	0.036	0.035	0.037
23	0.041	0.034	0.036	0.050	0.034	Off	0.050
24	0.035	0.049	0.039	0.041	0.030	0.040	0.049
25	0.039	0.039	0.037	0.041	0.042	0.037	0.042
26	0.036	0.041	0.040	0.036	0.040	0.041	0.041
27	0.100	0.042	0.042	0.044	0.038	0.039	0.100
28	0.057	Off	0.040	0.038	0.038	0.039	0.057
29	0.041	0.036	0.041	0.038	0.038	0.038	0.041
30	0.041	0.049	0.039	0.040	0.047	0.039	0.047
31	0.042	0.042	Off	0.039	0.036	0.034	0.042

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <b>Yes/No</b>	CT's met everyday? (see back) <b>Yes/No</b>	All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes/No</b>
All 4-hour turbidity readings ≤ 1 NTU? <b>Yes/No</b>		
All turbidity readings < IFE <sup>2</sup> triggers <b>Yes/No</b>		

Notes: PRINTED NAME: **Dan Waterbury**  
 SIGNATURE: *[Signature]* DATE: **8/6/21**  
 PHONE #: **(503)791-5751** CERT #: **T-08798**

<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> 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: Jul-21	Disinfection <i>Giardia</i> Log Inactive: 1
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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 Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	GPM
1	1.08	241	260.3	17.0	7.75	31.8	YES	232
2	1.24	241	298.8	16.4	7.77	33.9	YES	239
3	1.21	241	291.6	15.8	7.73	34.7	YES	237
4	1.14	241	274.7	15.4	7.74	35.4	YES	259
5	1.22	241	294.0	15.3	7.78	36.5	YES	248
6	1.27	241	306.1	15.0	7.86	38.6	YES	303
7	1.01	241	243.4	15.5	7.81	35.6	YES	258
8	0.96	241	231.4	14.7	7.73	36.3	YES	236
9	0.97	241	233.8	14.4	7.71	36.7	YES	313
10	1.01	241	243.4	14.5	7.72	36.8	YES	236
11	0.92	241	221.7	14.7	7.74	36.2	YES	267
12	1.03	241	248.2	14.8	7.66	35.4	YES	294
13	1.05	241	253.1	14.6	7.70	36.5	YES	293
14	1.18	241	284.4	15.9	7.68	33.7	YES	285
15	1.01	241	243.4	14.5	7.64	35.7	YES	239
16	1.11	241	267.5	14.2	7.69	37.6	YES	245
17	1.23	241	296.4	14.7	7.63	36.0	YES	242
18	0.97	241	233.8	14.1	7.80	38.8	YES	238
19	1.49	241	359.1	15.0	7.67	36.9	YES	306
20	0.91	241	219.3	14.9	7.76	36.0	YES	247
21	0.93	241	224.1	14.7	7.77	36.7	YES	257
22	0.98	241	236.2	14.5	7.75	37.1	YES	299
23	1.12	241	269.9	14.3	7.84	39.5	YES	250
24	1.06	241	255.5	15.0	7.64	34.8	YES	260
25	0.94	241	226.5	14.8	7.59	34.1	YES	242
26	0.95	241	229.0	15.0	7.53	33.0	YES	294
27	1.15	241	277.2	15.4	7.45	31.9	YES	255
28	1.12	241	269.9	15.2	7.49	32.7	YES	281
29	1.21	241	291.6	15.4	7.48	32.5	YES	272
30	1.19	241	286.8	15.6	7.42	31.3	YES	306
31	1.19	241	286.8	15.8	7.41	30.7	YES	244

<sup>3</sup> If Cl<sub>2</sub> 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:  
 dwc.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350