

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Clatsop**

Conventional or Direct Filtration

Month/Year: **Sep-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 <sup>1</sup> [NTU]
1	0.046	0.045	0.040	0.041	0.045	0.044	0.046
2	0.042	0.044	Off	0.044	0.043	0.043	0.044
3	0.042	0.047	0.043	0.038	0.041	0.037	0.047
4	0.044	0.046	0.045	0.049	0.048	0.045	0.049
5	0.046	0.045	0.045	0.044	0.047	0.040	0.047
6	0.048	0.043	0.043	0.043	0.042	0.040	0.048
7	0.042	0.046	0.072	0.043	0.047	0.046	0.072
8	0.052	0.047	Off	Off	Off	Off	0.052
9	Off	Off	Off	Off	Off	Off	Off
10	0.054	Off	0.053	Off	0.054	0.056	0.056
11	0.058	0.060	Off	0.048	0.051	0.047	0.060
12	0.049	0.055	0.053	0.048	Off	0.049	0.055
13	0.055	0.051	0.051	0.050	0.050	0.049	0.055
14	0.050	0.054	0.052	0.047	0.054	0.049	0.054
15	0.053	0.047	0.047	0.066	0.052	0.049	0.066
16	0.049	0.043	0.046	0.048	0.046	0.051	0.051
17	0.048	0.050	Off	0.045	0.047	0.047	0.050
18	0.062	Off	Off	Off	Off	Off	0.062
19	Off	Off	Off	0.020	0.064	0.074	0.074
20	0.041	0.054	0.043	0.045	0.043	0.046	0.054
21	0.042	0.039	0.045	Off	Off	0.041	0.045
22	0.039	0.043	0.044	0.045	0.043	0.041	0.045
23	0.048	0.046	0.049	0.039	0.041	0.042	0.049
24	0.049	0.046	0.041	0.044	0.046	0.051	0.051
25	0.047	0.051	0.047	0.048	0.042	0.052	0.052
26	0.048	Off	Off	0.051	0.048	0.049	0.051
27	0.051	Off	Off	0.053	0.064	0.072	0.072
28	Off	Off	Off	0.054	0.052	0.051	0.054
29	0.065	Off	Off	0.052	0.050	0.049	0.052
30	0.066	Off	Off	0.048	0.108	Off	0.108
31							

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 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 Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:

PRINTED NAME: **Dan Waterbury**

SIGNATURE: 

DATE: **10/5/21**

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

System Name: <b>Wickiup Water District</b>	ID#: <b>41-00063</b>	Month/Year: <b>Sep-21</b>	WTP - :B Disinfection <i>Giardia</i> Log Inactive: <b>1</b>
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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	0.86	241	207.3	13.8	7.88	40.2	YES	233
2	0.99	241	238.6	13.3	7.87	42.0	YES	235
3	0.98	241	236.2	13.5	7.94	42.5	YES	309
4	0.96	241	231.4	13.6	8.06	44.0	YES	237
5	1.01	241	243.4	14.2	8.13	43.7	YES	225
6	1.03	241	248.2	14.6	8.21	43.9	YES	248
7	0.89	241	214.5	13.9	8.13	43.9	YES	283
8	0.86	241	207.3	14.7	8.13	41.5	YES	239
9	0.9	241	216.9	14.8	8.31	44.3	YES	224
10	0.78	241	188.0	14.9	8.38	44.5	YES	243
11	0.89	241	214.5	14.2	8.46	48.6	YES	218
12	0.76	241	183.2	14.4	8.45	47.1	YES	219
13	0.81	241	195.2	14.1	8.44	48.2	YES	242
14	0.78	241	188.0	13.9	8.37	47.4	YES	243
15	0.86	241	207.3	13.7	8.30	47.2	YES	232
16	0.88	241	212.1	13.3	8.20	46.9	YES	221
17	0.87	241	209.7	13.4	8.15	45.7	YES	227
18	0.92	241	221.7	13.6	8.07	44.0	YES	197
19	0.9	241	216.9	13.9	8.09	43.4	YES	234
20	0.44	241	106.0	14.5	8.35	43.5	YES	50
21	0.4	241	96.4	14.5	8.47	45.3	YES	62
22	0.8	241	192.8	13.3	7.58	37.0	YES	76
23	0.91	241	219.3	13.2	7.65	38.7	YES	136
24	0.89	241	214.5	13.2	7.69	39.1	YES	169
25	0.9	241	216.9	13.6	7.88	40.9	YES	92
26	0.87	241	209.7	13.6	8.02	43.0	YES	89
27	0.9	241	216.9	13.8	8.11	44.0	YES	96
28	0.67	241	161.5	13.3	8.15	44.9	YES	87
29	0.79	241	190.4	12.9	8.26	48.7	YES	84
30	0.78	241	188.0	13.5	8.15	44.9	YES	109
31		241						

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