

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Clatsop**  
 Month/Year: **Dec-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	0.023	0.024	0.018	0.023	0.076	0.020	0.076
2	0.022	Off	Off	0.022	0.021	0.020	0.022
3	0.020	0.026	0.021	0.018	Off	Off	0.026
4	Off	Off	Off	Off	Off	Off	Off
5	Off	Off	Off	Off	0.021	0.020	0.021
6	0.019	0.022	0.019	0.021	0.021	0.082	0.082
7	0.027	0.025	0.080	0.023	0.023	0.023	0.080
8	0.024	0.021	0.061	0.030	0.023	0.071	0.071
9	0.024	0.024	0.071	0.043	0.034	0.022	0.071
10	0.020	0.025	Off	0.024	0.022	0.022	0.025
11	0.022	Off	Off	Off	Off	Off	0.022
12	Off	Off	Off	0.207	0.059	0.020	0.207
13	0.023	0.028	0.024	0.021	0.024	0.022	0.028
14	0.023	0.022	Off	0.022	0.022	0.021	0.023
15	Off	Off	0.045	0.021	0.022	0.023	0.045
16	Off	Off	0.023	0.021	0.023	0.069	0.069
17	Off	Off	0.020	0.024	0.022	0.018	0.024
18	Off	Off	0.022	0.023	0.023	Off	0.023
19	Off	Off	Off	Off	Off	Off	Off
20	Off	Off	Off	0.023	0.023	0.025	0.025
21	0.026	0.022	0.023	0.026	0.021	0.022	0.026
22	0.022	Off	0.021	0.027	Off	0.044	0.044
23	0.053	0.089	0.033	0.030	0.042	Off	0.089
24	Off	Off	0.048	0.024	0.023	0.022	0.048
25	Off	Off	0.048	0.024	0.023	0.022	0.048
26	Off	Off	0.025	0.024	Off	0.018	0.025
27	0.020	0.020	0.021	Off	0.022	0.042	0.042
28	0.021	0.022	Off	Off	0.022	0.023	0.023
29	0.017	0.024	Off	0.022	0.023	0.021	0.024
30	0.024	Off	Off	0.022	0.024	0.023	0.024
31	0.023	0.022	Off	0.022	0.023	0.022	0.023

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: **1/7/22**

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 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:	Dec-21	Disinfection Giardia Log Inactive:	1
--------------	------------------------	---------------	-------------	--------	------------------------------------	---

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	1.12	241	269.9	10.7	8.41	61.6	YES	167
2	1.18	241	284.4	10.6	8.39	62.0	YES	163
3	1.16	241	279.6	10.0	8.42	65.1	YES	181
4	1.11	241	267.5	9.9	8.37	64.0	YES	143
5	0.97	241	233.8	8.6	8.44	70.6	YES	125
6	1.12	241	269.9	9.0	8.46	70.4	YES	169
7	1.08	241	260.3	8.8	8.73	78.5	YES	165
8	1.16	241	279.6	8.8	8.71	78.6	YES	166
9	1.16	241	279.6	9.5	8.63	72.8	YES	182
10	1.2	241	289.2	8.4	8.62	78.6	YES	189
11	1.18	241	284.4	8.3	8.64	79.5	YES	159
12	1.12	241	269.9	8.2	8.58	77.8	YES	134
13	1.02	241	245.8	7.7	8.60	80.1	YES	167
14	1.06	241	255.5	7.4	8.72	85.9	YES	165
15	0.94	241	226.5	7.6	8.69	82.6	YES	176
16	0.93	241	224.1	7.7	8.69	82.0	YES	176
17	0.96	241	231.4	7.8	8.72	82.6	YES	161
18	0.98	241	236.2	8.1	8.75	82.0	YES	155
19	1.04	241	250.6	7.1	8.85	91.9	YES	147
20	0.97	241	233.8	7.8	8.68	81.5	YES	137
21	0.97	241	233.8	8.3	8.66	78.1	YES	147
22	0.98	241	236.2	8.7	8.67	76.4	YES	170
23	0.98	241	236.2	8.7	8.81	80.4	YES	173
24	0.81	241	195.2	8.1	8.83	82.8	YES	164
25	0.9	241	216.9	7.9	8.82	84.5	YES	163
26	0.95	241	229.0	6.3	8.76	92.9	YES	157
27	0.85	241	204.9	6.2	8.51	84.3	YES	173
28	0.65	241	156.7	5.9	8.39	80.4	YES	167
29	0.77	241	185.6	5.9	8.54	86.2	YES	172
30	0.78	241	188.0	6.0	8.50	84.5	YES	170
31	0.83	241	200.0	6.3	8.57	85.4	YES	164

<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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350