

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Clatsop**  
 Month/Year: **Feb-22**

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	Off	Off	Off	0.027	0.020	0.020	0.027	
2	0.024	0.112	0.025	0.027	0.026	0.031	0.112	
3	0.048	0.048	Off	Off	0.023	0.025	0.048	
4	0.047	0.036	Off	0.027	0.027	0.024	0.047	
5	0.030	Off	Off	0.034	0.022	0.028	0.034	
6	0.029	Off	0.023	0.028	0.025	0.026	0.029	
7	0.032	Off	Off	0.021	0.023	0.027	0.032	
8	0.113	Off	Off	0.021	0.022	0.025	0.113	
9	0.024	Off	Off	0.023	0.026	0.090	0.090	
10	0.022	Off	Off	0.023	0.023	0.024	0.024	
11	0.021	Off	Off	0.021	0.023	0.073	0.073	
12	0.022	0.024	Off	0.023	0.021	0.024	0.024	
13	0.025	0.024	Off	0.026	0.027	0.024	0.027	
14	0.026	0.031	Off	0.026	0.025	0.057	0.057	
15	0.022	Off	Off	0.022	0.025	0.027	0.027	
16	0.108	Off	Off	0.022	0.023	0.025	0.108	
17	0.026	Off	Off	0.061	0.025	0.028	0.061	
18	0.036	Off	Off	0.028	0.024	0.022	0.036	
19	0.026	Off	Off	0.025	0.025	0.025	0.026	
20	0.064	Off	Off	Off	Off	Off	0.064	
21	Off	Off	Off	Off	0.049	0.079	0.079	
22	0.039	0.041	0.052	0.028	0.021	0.023	0.052	
23	Off	Off	Off	Off	0.049	0.079	0.079	
24	0.039	0.041	0.052	0.028	0.021	0.023	0.052	
25	0.022	Off	Off	0.021	0.022	0.021	0.022	
26	0.027	Off	Off	0.022	0.022	0.021	0.027	
27	0.023	0.022	Off	0.042	0.037	Off	0.037	
28	Off	Off	Off	Off	Off	Off	Off	
29								
30								
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 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	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
Notes:	PRINTED NAME: <b>Daq Waterbury</b> SIGNATURE: <i>[Signature]</i> DATE: <b>3/08/22</b> PHONE #: <b>( 503 )791-5751</b> CERT #: <b>T-08798</b>	

<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:	Feb-22	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> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Flow GPM
1	0.75	241	180.8	7.3	8.42	74.7	YES	183
2	0.79	241	190.4	7.2	8.20	69.7	YES	186
3	0.69	241	166.3	7.2	8.31	71.7	YES	218
4	0.75	241	180.8	7.5	8.26	69.5	YES	167
5	0.81	241	195.2	7.7	8.28	69.5	YES	188
6	0.79	241	190.4	7.0	8.36	74.9	YES	169
7	0.74	241	178.3	7.4	8.45	74.9	YES	183
8	0.81	241	195.2	7.3	8.43	75.5	YES	177
9	0.78	241	188.0	8.1	8.46	72.0	YES	187
10	0.7	241	168.7	7.8	8.11	64.1	YES	175
11	0.75	241	180.8	8.3	8.37	68.5	YES	171
12	0.89	241	214.5	7.9	8.40	72.3	YES	162
13	0.7	241	168.7	7.9	8.32	68.7	YES	181
14	0.7	241	168.7	8.5	8.27	64.7	YES	180
15	0.77	241	185.6	8.0	8.38	70.3	YES	175
16	0.75	241	180.8	8.6	8.27	64.7	YES	174
17	0.78	241	188.0	8.2	8.36	68.9	YES	184
18	0.69	241	166.3	8.6	8.34	65.9	YES	174
19	0.71	241	171.1	8.4	8.38	67.9	YES	165
20	0.69	241	166.3	8.3	8.61	74.2	YES	158
21	0.67	241	161.5	8.2	8.63	75.1	YES	173
22	0.63	241	151.8	7.9	8.58	74.9	YES	172
23	0.76	241	183.2	5.4	7.87	69.7	YES	173
24	0.93	241	224.1	5.1	7.89	73.1	YES	191
25	0.86	241	207.3	4.9	7.79	70.8	YES	175
26	0.88	241	212.1	5.7	7.80	67.5	YES	179
27	0.92	241	221.7	5.9	7.78	66.4	YES	159
28	0.86	241	207.3	7.0	7.73	60.1	YES	148
29		241						
30		241						
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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350