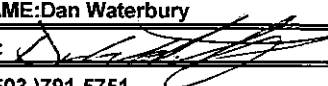


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **Clatsop**
 Month/Year: **Mar-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 ¹ [NTU]
1	0.025	Off	Off	0.036	0.021	0.024	0.025
2	0.025	0.022	0.025	0.023	0.025	0.024	0.025
3	0.024	0.037	0.024	0.025	0.650	0.022	0.065
4	0.023	0.031	Off	0.022	0.021	0.025	0.031
5	Off	Off	0.021	0.022	0.025	0.020	0.025
6	0.023	Off	Off	0.021	Off	0.020	0.023
7	0.021	0.026	Off	0.019	0.022	0.023	0.026
8	0.042	Off	Off	0.021	0.024	0.095	0.095
9	0.047	Off	Off	0.025	0.029	0.023	0.047
10	0.022	0.026	0.028	0.019	Off	0.020	0.028
11	0.021	0.021	0.022	0.022	0.027	Off	0.027
12	0.024	0.028	0.025	0.025	0.027	Off	0.028
13	0.041	0.049	0.149	0.055	0.057	0.142	0.149
14	0.148	Off	Off	Off	Off	Off	0.148
15	Off	Off	Off	0.025	0.027	0.118	0.118
16	0.108	0.065	0.090	Off	Off	0.032	0.108
17	0.024	Off	Off	0.019	0.023	0.024	0.024
18	0.079	0.027	0.044	0.022	0.023	0.030	0.079
19	Off	0.023	Off	Off	Off	Off	0.023
20	Off	Off	Off	Off	Off	Off	Off
21	Off	Off	Off	0.247	0.125	0.200	0.247
22	0.240	0.199	0.217	0.024	0.025	0.034	0.240
23	0.028	0.034	Off	0.042	0.032	0.029	0.042
24	0.027	0.035	0.024	0.032	0.029	0.041	0.041
25	0.065	0.038	0.072	0.025	0.027	0.024	0.065
26	0.024	0.025	Off	0.029	0.070	0.030	0.070
27	0.035	Off	Off	0.037	0.042	0.124	0.124
28	0.043	0.056	Off	0.038	0.024	0.021	0.056
29	Off	Off	0.025	0.034	0.045	0.077	0.077
30	0.118	Off	0.087	0.022	0.024	0.026	0.118
31	0.035	Off	Off	0.036	0.121	0.209	0.209

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)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Dan Waterbury		
	SIGNATURE: 		DATE: 4/08/22
	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 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:	Mar-22	Disinfection <i>Giardia</i> Log Inactive:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Flow GPM
1	0.86	241	207.3	6.9	7.73	60.5	YES	177
2	0.93	241	224.1	7.9	7.65	55.4	YES	169
3	0.96	241	231.4	8.2	7.77	56.8	YES	179
4	0.98	241	236.2	8.4	7.84	57.6	YES	168
5	0.97	241	233.8	8.3	7.96	60.5	YES	165
6	0.94	241	226.5	7.8	7.99	63.1	YES	186
7	1.19	241	286.8	7.6	7.92	64.2	YES	177
8	1.11	241	267.5	8.2	7.81	58.7	YES	183
9	1.11	241	267.5	8.3	7.86	59.3	YES	186
10	1.09	241	262.7	7.6	7.94	63.9	YES	192
11	1.07	241	257.9	7.8	8.01	64.5	YES	198
12	1.08	241	260.3	7.6	7.99	65.0	YES	198
13	1.05	241	253.1	7.5	8.05	66.7	YES	164
14	1.06	241	255.5	8.2	7.90	60.3	YES	61
15	0.98	241	236.2	7.6	8.03	65.2	YES	78
16	1.05	241	253.1	8.1	7.90	60.6	YES	89
17	0.92	241	221.7	8.0	7.96	61.4	YES	189
18	0.94	241	226.5	8.1	7.99	61.8	YES	192
19	0.96	241	231.4	8.3	7.98	60.9	YES	145
20	0.95	241	229.0	8.4	7.99	60.6	YES	136
21	1.07	241	257.9	8.6	7.93	59.4	YES	156
22	1.08	241	260.3	8.9	7.90	57.6	YES	163
23	1.13	241	272.3	9.9	7.97	55.5	YES	946
24	1	241	241.0	9.2	8.05	59.0	YES	168
25	0.9	241	216.9	9.7	8.48	65.9	YES	176
26	0.7	241	168.7	10.0	8.48	63.1	YES	177
27	1	241	241.0	9.6	8.16	59.8	YES	172
28	1.04	241	250.6	9.8	8.20	60.1	YES	169
29	1.03	241	248.2	9.5	8.20	61.3	YES	178
30	1.06	241	255.5	9.7	8.09	58.3	YES	168
31	0.97	241	233.8	9.2	8.21	62.3	YES	170

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