


OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: **Clatsop**
 Month/Year: **Apr-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	Off	Off	Off	0.021	0.024	0.024	0.024	
2	0.023	Off	Off	0.059	0.136	0.082	0.136	
3	0.075	Off	Off	0.116	0.100	0.200	0.200	
4	Off	Off	Off	Off	Off	Off	Off	
5	Off	Off	Off	Off	0.046	0.032	0.046	
6	0.029	Off	0.028	0.028	0.022	0.027	0.029	
7	Off	0.028	0.025	0.022	0.029	0.022	0.029	
8	Off	Off	Off	Off	Off	Off	Off	
9	Off	Off	Off	Off	Off	Off	Off	
10	Off	Off	Off	Off	Off	Off	Off	
11	Off	Off	Off	0.035	Off	Off	0.035	
12	Off	Off	Off	Off	0.157	Off	0.157	
13	Off	Off	Off	0.021	0.025	0.025	0.025	
14	0.021	0.025	0.023	0.025	0.039	0.028	0.039	
15	0.026	0.026	0.026	0.048	0.022	0.025	0.048	
16	Off	Off	Off	0.023	0.024	0.027	0.027	
17	Off	Off	Off	0.025	0.023	0.026	0.026	
18	0.055	Off	Off	0.022	Off	Off	0.022	
19	Off	Off	Off	0.030	0.024	0.021	0.030	
20	0.023	0.022	0.023	0.022	0.027	0.033	0.033	
21	0.020	Off	0.047	0.021	0.026	Off	0.047	
22	Off	Off	Off	0.030	0.021	0.023	0.030	
23	0.020	Off	0.024	0.026	0.023	0.023	0.026	
24	Off	Off	0.023	0.023	0.023	0.025	0.025	
25	0.023	0.024	Off	0.022	0.022	0.026	0.026	
26	Off	Off	0.026	0.026	0.112	0.028	0.112	
27	0.026	Off	Off	0.055	0.023	0.026	0.055	
28	0.026	Off	Off	0.023	0.025	0.032	0.032	
29	0.025	Off	0.024	0.023	0.023	0.021	0.025	
30	Off	Off	Off	0.086	0.052	0.091	0.091	
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 ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		
Notes:	PRINTED NAME: Dan Waterbury	
	SIGNATURE: 	DATE: 5/10/22
	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 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: Apr-22	Disinfection <i>Giardia</i> Log Inactive: 1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	GPM
1	0.98	241	236.2	9.0	8.20	63.0	YES	165
2	1.04	241	250.6	8.7	8.24	65.7	YES	158
3	0.99	241	238.6	9.1	8.20	62.7	YES	764
4	0.96	241	231.4	9.1	8.23	63.1	YES	142
5	0.92	241	221.7	8.8	8.20	63.4	YES	157
6	1.13	241	272.3	8.3	8.23	68.0	YES	168
7	1.05	241	253.1	8.9	8.06	60.8	YES	192
8	1.04	241	250.6	9.2	8.02	58.7	YES	157
9	1.02	241	245.8	9.1	8.04	59.4	YES	161
10	1.12	241	269.9	9.0	8.06	60.9	YES	154
11	1.18	241	284.4	8.1	8.36	72.7	YES	141
12	1.09	241	262.7	7.6	8.34	74.0	YES	133
13	1.1	241	265.1	7.2	8.15	71.0	YES	178
14	1.1	241	265.1	7.4	8.17	70.5	YES	168
15	1.14	241	274.7	6.9	8.12	72.0	YES	151
16	1.15	241	277.2	7.5	8.05	67.4	YES	160
17	1.15	241	277.2	7.4	8.23	72.5	YES	172
18	1.14	241	274.7	8.1	8.23	69.0	YES	165
19	1.19	241	286.8	7.5	8.13	69.8	YES	155
20	1.25	241	301.3	8.1	8.16	68.2	YES	172
21	1.18	241	284.4	8.0	8.15	67.8	YES	157
22	1.01	241	243.4	8.3	8.16	65.4	YES	181
23	1.06	241	255.5	8.2	8.20	67.2	YES	161
24	1.12	241	269.9	8.4	8.18	66.3	YES	180
25	1.11	241	267.5	9.6	8.02	57.6	YES	165
26	1.15	241	277.2	9.6	8.01	57.6	YES	181
27	1.12	241	269.9	9.6	8.01	57.4	YES	167
28	1.01	241	243.4	9.1	8.01	58.6	YES	180
29	1.3	241	313.3	9.5	7.91	56.9	YES	153
30	0.78	241	188.0	10.7	7.94	50.0	YES	169
31		241						

³ If Cl₂ 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:

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