

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clatsop

Conventional or Direct Filtration

Month/Year: Aug-22

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	0.029	0.097	Off	0.017	0.014	0.014	0.097	
2	0.013	0.013	0.024	0.013	0.014	0.017	0.024	
3	0.015	0.015	0.017	0.015	0.013	0.013	0.017	
4	0.015	0.013	0.016	0.016	0.012	0.016	0.016	
5	0.013	0.017	0.012	0.014	0.014	0.016	0.017	
6	0.013	0.016	0.012	0.014	0.014	0.015	0.016	
7	0.015	0.020	0.016	0.016	0.013	0.015	0.020	
8	0.014	0.015	0.017	0.013	0.013	0.017	0.017	
9	0.016	0.014	0.014	Off	0.020	0.022	0.022	
10	0.029	0.045	0.031	0.015	0.015	0.014	0.045	
11	0.013	Off	Off	0.013	0.014	0.015	0.015	
12	0.015	0.013	0.018	0.014	0.014	0.017	0.002	
13	0.015	0.015	0.015	0.016	0.020	0.016	0.020	
14	0.015	0.017	0.014	0.017	0.017	0.016	0.017	
15	0.014	0.017	0.014	0.011	0.015	0.015	0.017	
16	0.015	0.018	0.015	0.015	0.013	0.015	0.018	
17	0.013	0.015	0.014	0.016	0.016	0.014	0.016	
18	0.015	0.015	0.015	0.016	0.015	0.016	0.016	
19	0.016	0.015	0.014	0.015	0.015	0.014	0.016	
20	Off	0.014	0.016	0.014	0.016	0.016	0.016	
21	0.012	0.013	0.015	0.016	0.017	0.016	0.017	
22	0.017	0.015	0.017	0.014	0.013	0.014	0.017	
23	0.014	0.014	0.013	0.013	0.015	0.015	0.015	
24	0.015	Off	Off	0.018	0.016	0.017	0.018	
25	0.015	0.014	0.014	0.013	0.015	0.015	0.015	
26	Off	0.014	0.016	0.017	Off	0.015	0.017	
27	0.016	Off	0.017	0.015	0.013	0.016	0.017	
28	0.014	0.016	0.015	0.018	0.015	0.014	0.018	
29	0.016	0.022	Off	0.014	0.015	0.015	0.022	
30	0.015	0.016	Off	0.016	0.017	0.015	0.017	
31	0.015	0.015	0.016	0.018	0.016	0.014	0.018	

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings $\leq$ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point $\geq$ 0.2 mg/l?
All 4-hour turbidity readings $\leq$ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No		
Notes:	PRINTED NAME: Dan Waterbury		DATE: 9/8/22
	SIGNATURE: <i>[Signature]</i>		CERT #: T-08798
	PHONE #: (503) 791-5751		

<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

WTP - :B

System Name: Wickiup Water District ID#: 41-00063 Month/Year: Aug-22 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	0.67	241	161.5	15.4	8.30	41.3	YES	189
2	0.77	241	185.6	15.3	8.17	40.1	YES	217
3	0.76	241	183.2	16.0	8.14	37.8	YES	269
4	0.65	241	156.7	14.8	8.09	39.7	YES	207
5	0.82	241	197.6	14.2	8.00	40.7	YES	195
6	0.74	241	178.3	14.5	8.06	40.5	YES	216
7	0.83	241	200.0	15.5	7.96	36.9	YES	219
8	0.91	241	219.3	15.6	7.99	37.4	YES	270
9	0.92	241	221.7	15.4	8.01	38.2	YES	227
10	0.71	241	171.1	15.1	7.79	35.1	YES	211
11	0.76	241	183.2	14.8	7.88	37.2	YES	210
12	0.79	241	190.4	14.9	7.97	38.3	YES	241
13	1.01	241	243.4	14.8	8.01	40.2	YES	219
14	0.82	241	197.6	14.8	8.04	39.7	YES	214
15	0.82	241	197.6	14.2	8.20	43.9	YES	212
16	0.83	241	200.0	14.5	8.11	41.6	YES	211
17	1.09	241	262.7	15.7	7.96	37.5	YES	273
18	0.84	241	202.4	16.0	8.01	36.4	YES	280
19	0.71	241	171.1	16.0	7.97	35.3	YES	283
20	0.79	241	190.4	16.1	7.87	34.1	YES	207
21	0.75	241	180.8	15.7	8.03	37.0	YES	184
22	0.78	241	188.0	15.5	7.85	35.2	YES	201
23	0.84	241	202.4	15.6	8.05	37.9	YES	203
24	0.87	241	209.7	15.9	7.91	35.4	YES	230
25	0.87	241	209.7	15.7	8.03	37.5	YES	230
26	0.95	241	229.0	15.9	8.08	38.0	YES	190
27	1.1	241	265.1	15.8	7.94	37.0	YES	192
28	1.12	241	269.9	15.9	7.99	37.5	YES	185
29	0.72	241	173.5	14.0	8.00	40.8	YES	272
30	0.79	241	190.4	15.5	7.99	37.1	YES	258
31	0.83	241	200.0	15.3	7.89	36.4	YES	254

<sup>3</sup> If Cl<sub>2</sub> 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