


OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: **Clatsop**
 Month/Year: **Sep-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	0.018	0.016	0.015	0.016	0.014	0.015	0.018	
2	0.016	0.016	0.015	0.017	0.016	0.017	0.017	
3	0.014	0.014	0.016	0.015	0.016	0.019	0.019	
4	0.020	0.016	0.016	0.015	0.014	0.015	0.020	
5	0.018	0.016	0.015	0.016	0.014	0.016	0.018	
6	0.016	0.015	0.015	0.015	0.016	0.017	0.017	
7	0.016	0.020	0.052	0.022	0.018	0.016	0.052	
8	0.014	0.016	0.015	0.015	0.015	0.016	0.016	
9	0.015	0.015	0.016	0.014	0.014	0.014	0.016	
10	0.014	0.018	0.022	0.013	0.017	0.019	0.022	
11	0.016	0.017	0.015	0.015	0.015	0.016	0.017	
12	0.018	0.022	0.052	0.016	0.017	0.015	0.052	
13	0.014	0.022	0.017	0.018	0.015	0.015	0.022	
14	0.016	0.014	0.014	0.015	0.016	0.016	0.016	
15	0.015	0.015	0.015	0.022	0.017	0.018	0.022	
16	0.014	0.014	0.015	0.016	0.018	0.019	0.019	
17	0.020	0.015	0.060	0.070	0.019	0.018	0.020	
18	0.016	0.015	0.015	0.015	0.018	0.017	0.018	
19	0.016	0.016	0.015	0.014	0.014	0.016	0.016	
20	0.016	0.016	0.015	0.014	0.017	0.018	0.018	
21	Off	Off	Off	Off	Off	Off	Off	
22	Off	Off	Off	Off	Off	Off	Off	
23	Off	Off	Off	Off	Off	Off	Off	
24	0.016	0.017	0.015	0.015	0.015	0.016	0.017	
25	0.016	0.016	0.015	0.018	0.019	0.022	0.022	
26	0.018	0.016	0.014	0.014	0.014	0.015	0.018	
27	0.017	0.016	0.018	0.017	0.019	0.020	0.020	
28	0.014	0.014	0.015	0.016	0.018	0.019	0.019	
29	0.018	Off	Off	0.016	0.015	0.015	0.018	
30	0.015	0.014	0.022	0.018	0.015	0.016	0.022	
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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 Cl ₂ 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: 10/10/22
	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 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: Sep-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	0.72	241	173.5	15.4	8.03	37.6	YES	207
2	0.74	241	178.3	15.3	8.02	37.8	YES	251
3	0.88	241	212.1	15.2	8.01	38.5	YES	245
4	0.82	241	197.6	14.9	7.95	38.2	YES	210
5	0.84	241	202.4	14.7	7.83	37.1	YES	215
6	0.82	241	197.6	14.9	7.94	38.0	YES	282
7	0.75	241	180.8	14.5	7.99	39.5	YES	203
8	0.83	241	200.0	14.1	8.18	43.9	YES	277
9	0.79	241	190.4	14.4	8.18	42.8	YES	216
10	0.83	241	200.0	14.2	8.21	44.1	YES	236
11	0.89	241	214.5	14.7	8.24	43.4	YES	261
12	0.72	241	173.5	14.8	7.96	38.1	YES	201
13	0.67	241	161.5	14.6	8.19	41.8	YES	262
14	0.75	241	180.8	14.5	8.27	43.8	YES	208
15	0.81	241	195.2	14.3	8.23	44.0	YES	246
16	0.69	241	166.3	14.2	8.05	40.9	YES	283
17	0.71	241	171.1	14.0	8.26	44.9	YES	200
18	0.91	241	219.3	14.3	8.10	42.4	YES	197
19	0.73	241	175.9	13.7	8.01	41.8	YES	207
20	0.71	241	171.1	13.8	7.98	41.0	YES	258
21	0.64	241	154.2	13.6	7.98	41.2	YES	210
22	0.58	241	139.8	13.7	7.98	40.7	YES	263
23	0.66	241	159.1	13.8	7.87	39.2	YES	282
24	0.8	241	192.8	13.8	8.01	41.9	YES	227
25	0.75	241	180.8	13.3	8.14	45.2	YES	219
26	0.8	241	192.8	13.9	8.02	41.8	YES	202
27	0.62	241	149.4	13.8	8.07	42.0	YES	241
28	0.57	241	137.4	13.5	8.06	42.4	YES	268
29	0.49	241	118.1	13.8	8.02	40.6	YES	253
30	0.5	241	120.5	13.5	8.18	44.0	YES	244
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