

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clatsop

Conventional or Direct Filtration

Month/Year: Mar-23

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	0.032	0.031	0.031	0.160	0.050	0.039	0.160
2	0.035	0.032	0.034	0.047	0.060	0.049	0.060
3	0.053	0.070	0.055	Off	0.077	0.073	0.077
4	0.069	0.068	0.064	0.073	Off	Off	0.073
5	Off	Off	Off	Off	0.155	Off	0.155
6	0.038	Off	0.029	0.090	0.060	0.032	0.090
7	0.062	Off	0.023	0.048	0.021	0.037	0.062
8	0.014	0.014	0.030	0.025	0.035	0.021	0.030
9	0.019	0.019	0.015	0.035	0.023	0.025	0.035
10	0.021	Off	Off	Off	0.027	0.024	0.027
11	0.034	0.021	0.029	Off	0.032	0.064	0.064
12	0.020	Off	Off	0.022	Off	0.050	0.050
13	0.027	0.022	0.040	0.163	0.178	Off	0.178
14	0.119	0.033	0.046	Off	0.056	0.128	0.128
15	0.033	0.145	0.104	0.064	Off	Off	0.145
16	Off	Off	Off	0.054	0.012	0.014	0.054
17	0.014	0.015	0.014	0.011	0.088	0.015	0.088
18	Off	Off	0.012	0.015	0.012	0.014	0.015
19	Off	Off	Off	0.012	0.014	0.013	0.014
20	Off	Off	Off	0.013	0.014	0.014	0.014
21	Off	Off	Off	0.011	0.012	0.012	0.012
22	Off	Off	0.011	0.010	0.009	0.010	0.011
23	Off	Off	0.012	0.014	0.012	0.018	0.018
24	Off	Off	0.015	0.014	0.014	0.020	0.020
25	Off	Off	0.014	0.015	0.012	0.016	0.016
26	Off	Off	Off	0.012	0.018	0.041	0.041
27	Off	Off	Off	Off	0.010	0.011	0.011
28	0.009	Off	Off	0.013	0.012	0.012	0.013
29	Off	Off	0.040	0.010	0.011	0.011	0.040
30	Off	Off	0.013	0.013	0.009	0.010	0.013
31	Off	Off	0.009	0.010	0.012	Off	0.012

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <span style="float:right">Yes/No</span>	CT's met everyday? (see back) <span style="float:right">Yes/No</span>	All Cl2 residual at entry point ≥ 0.2 mg/l? <span style="float:right">Yes/No</span>
All 4-hour turbidity readings ≤ 1 NTU? <span style="float:right">Yes/No</span>		
All turbidity readings < IFE <sup>2</sup> triggers <span style="float:right">Yes/No</span>		
Notes:	PRINTED NAME: Dan Waterbury	
	SIGNATURE: <i>[Signature]</i>	DATE: 4/7/23
	PHONE #: ( 503 ) 791-5751	CERT #: T-08798

<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:	Mar-23	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>	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	1.27	241	306.1	5.0	8.03	80.6	YES	97
2	1.08	241	260.3	6.5	7.87	67.1	YES	91
3	1.03	241	248.2	5.6	7.98	73.8	YES	186
4	1.09	241	262.7	5.8	8.01	74.2	YES	156
5	1.01	241	243.4	5.2	8.04	77.4	YES	158
6	1.15	241	277.2	5.9	8.14	77.8	YES	187
7	1.16	241	279.6	5.4	8.16	81.2	YES	182
8	1.14	241	274.7	5.4	8.07	78.4	YES	193
9	1.34	241	322.9	5.9	8.01	75.9	YES	184
10	1.36	241	327.8	5.5	7.93	75.9	YES	180
11	1.4	241	337.4	5.9	8.19	81.6	YES	174
12	1.38	241	332.6	5.9	8.17	80.8	YES	181
13	1.35	241	325.4	6.3	8.04	74.7	YES	237
14	1.35	241	325.4	6.7	8.09	74.0	YES	181
15	1.33	241	320.5	6.8	8.16	75.2	YES	164
16	1.28	241	308.5	6.3	8.12	76.3	YES	170
17	1.35	241	325.4	6.7	8.24	78.2	YES	219
18	1.27	241	306.1	7.6	8.18	71.2	YES	167
19	1.25	241	301.3	8.3	8.24	69.2	YES	177
20	1.3	241	313.3	8.3	8.17	67.9	YES	181
21	1.18	241	284.4	7.8	8.37	74.5	YES	177
22	1.2	241	289.2	8.0	8.42	75.1	YES	176
23	1.29	241	310.9	8.5	8.44	73.8	YES	176
24	1.23	241	296.4	7.6	8.34	75.2	YES	170
25	1.21	241	291.6	6.9	8.30	77.6	YES	163
26	1.27	241	306.1	7.2	8.44	80.6	YES	176
27	1.47	241	354.3	6.8	8.37	82.7	YES	179
28	1	241	241.0	7.3	8.31	73.9	YES	172
29	1.08	241	260.3	6.7	8.37	79.5	YES	170
30	1.23	241	296.4	6.8	8.22	76.0	YES	178
31	1.04	241	250.6	7.4	8.18	70.3	YES	184

<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