

OHA - Drinking Water Services - Turbidity Monitoring Report Form

County: Clatsop
 Month/Year: Apr-23

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	0.014	0.013	0.012	0.016	0.016
2	Off	Off	Off	0.014	0.011	0.011	0.014
3	Off	Off	Off	0.012	Off	0.010	0.012
4	Off	Off	0.012	0.009	0.013	0.015	0.015
5	Off	Off	Off	0.008	0.013	0.010	0.013
6	Off	Off	Off	0.012	0.009	0.010	0.012
7	Off	Off	Off	0.027	0.012	0.010	0.027
8	0.008	Off	Off	0.010	0.011	0.009	0.011
9	0.009	Off	Off	0.011	0.009	0.013	0.013
10	Off	Off	Off	0.011	0.010	0.014	0.014
11	Off	Off	0.009	0.011	0.009	0.011	0.011
12	Off	Off	0.012	0.011	0.012	0.009	0.012
13	Off	Off	0.009	0.012	0.013	0.011	0.013
14	0.011	0.012	0.011	0.014	0.012	0.010	0.014
15	0.010	0.013	0.011	0.011	0.010	Off	0.013
16	0.011	0.011	Off	0.009	0.010	0.010	0.011
17	0.010	Off	Off	0.010	0.031	0.011	0.031
18	0.090	0.090	0.012	Off	0.085	Off	0.085
19	Off	Off	Off	0.022	0.010	0.010	0.022
20	0.011	0.012	0.011	0.009	0.011	0.014	0.014
21	0.017	Off	0.013	0.013	0.024	0.006	0.024
22	0.009	Off	Off	0.007	0.009	0.011	0.011
23	0.013	Off	Off	0.025	0.014	0.010	0.025
24	0.014	Off	Off	0.011	0.013	0.021	0.021
25	0.017	Off	Off	0.031	0.011	0.009	0.031
26	Off	Off	0.013	0.011	0.010	0.009	0.013
27	Off	Off	0.014	0.013	0.017	0.006	0.017
28	0.015	Off	Off	0.015	0.017	0.009	0.017
29	0.009	Off	Off	0.012	0.014	0.019	0.019
30	0.026	Off	Off	0.011	0.011	0.014	0.026
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 checked="" type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		
All turbidity readings < IFE ² triggers <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		

Notes:	PRINTED NAME: Dan Waterbury	
	SIGNATURE: 	DATE: 5/5/23
	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

System Name: Wickiup Water District	ID#: 41-00063	Month/Year: Apr-23	WTP - :B Disinfection <i>Giardia</i> Log Inactive: 1
--	----------------------	---------------------------	---

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	1.13	241	272.3	7.3	8.22	72.6	YES	172
2	1.13	241	272.3	6.7	8.28	77.3	YES	177
3	1.23	241	296.4	6.4	8.14	75.9	YES	185
4	1.28	241	308.5	6.3	8.17	77.7	YES	181
5	1.28	241	308.5	6.3	8.15	77.1	YES	174
6	1.26	241	303.7	7.8	8.19	70.4	YES	175
7	1.31	241	315.7	7.5	8.29	75.0	YES	173
8	1.26	241	303.7	7.4	8.18	72.1	YES	165
9	1.2	241	289.2	7.8	8.16	69.2	YES	186
10	1.09	241	262.7	9.2	7.70	52.6	YES	178
11	0.98	241	236.2	8.7	7.55	50.9	YES	179
12	0.92	241	221.7	7.5	7.59	55.6	YES	188
13	0.97	241	233.8	8.1	7.78	57.5	YES	180
14	1.01	241	243.4	7.4	8.07	67.3	YES	169
15	1.04	241	250.6	8.0	8.04	64.1	YES	167
16	1.07	241	257.9	8.0	8.12	66.2	YES	180
17	0.97	241	233.8	7.7	8.13	67.1	YES	190
18	1.01	241	243.4	7.2	8.25	72.9	YES	174
19	1.04	241	250.6	7.4	8.08	67.8	YES	167
20	1.17	241	282.0	7.2	8.33	76.5	YES	184
21	1.13	241	272.3	7.5	8.38	75.9	YES	173
22	0.97	241	233.8	9.1	8.32	65.3	YES	175
23	0.96	241	231.4	9.2	7.73	52.4	YES	183
24	1.04	241	250.6	9.2	8.10	60.4	YES	191
25	1.04	241	250.6	8.8	8.24	65.3	YES	184
26	1.08	241	260.3	8.8	8.28	66.6	YES	186
27	1.05	241	253.1	9.5	8.22	61.9	YES	176
28	1.18	241	284.4	10.6	8.19	57.7	YES	174
29	1.17	241	282.0	12.1	8.01	48.8	YES	173
30	1.08	241	260.3	12.6	8.12	48.8	YES	178
31		241						

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; 971-873-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350