

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clatsop

Conventional or Direct Filtration

Month/Year: Jun-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	0.015	Off	Off	0.011	0.019	0.014	0.019
2	0.013	0.012	0.022	0.012	0.013	0.013	0.022
3	0.011	Off	Off	0.015	0.014	0.013	0.015
4	0.014	0.015	0.013	0.015	0.016	0.014	0.016
5	0.017	0.016	0.015	0.016	0.015	0.015	0.017
6	0.015	Off	Off	0.014	0.018	0.016	0.018
7	0.019	Off	Off	0.013	0.012	0.015	0.019
8	0.016	0.015	0.017	0.016	0.012	0.018	0.018
9	0.019	Off	Off	0.017	0.012	0.014	0.019
10	Off	Off	Off	Off	Off	Off	Off
11	0.018	0.017	0.016	0.015	0.013	0.012	0.018
12	0.016	0.016	0.014	0.013	0.012	0.015	0.016
13	Off	Off	Off	Off	Off	Off	Off
14	Off	Off	Off	Off	Off	Off	Off
15	Off	Off	Off	Off	Off	Off	Off
16	Off	Off	Off	Off	Off	Off	Off
17	Off	Off	0.019	0.021	0.023	0.021	0.023
18	0.019	0.017	0.016	0.016	0.017	0.017	0.019
19	0.017	0.015	0.013	0.013	0.012	0.018	0.018
20	0.017	0.016	0.014	0.019	0.013	0.014	0.019
21	0.018	0.013	0.014	0.016	0.017	0.018	0.019
22	0.013	Off	Off	0.013	0.015	0.014	0.015
23	0.018	Off	0.017	0.014	0.019	0.013	0.019
24	0.012	0.014	0.025	0.012	0.011	0.014	0.025
25	0.014	Off	0.014	0.014	0.015	0.017	0.017
26	0.029	0.017	0.015	0.015	0.020	0.016	0.029
27	0.035	Off	Off	0.013	0.015	0.015	0.035
28	0.017	0.016	Off	0.015	0.013	0.016	0.017
29	0.027	0.017	0.018	0.017	0.015	0.017	0.027
30	0.016	0.017	0.021	0.018	0.015	0.019	0.021
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 <sup>2</sup> triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:

PRINTED NAME: Dan Waterbury

SIGNATURE: 

DATE: 7/7/23

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: Jun-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	1.15	241	277.2	11.9	8.22	53.2	YES	215
2	1.12	241	269.9	11.6	8.09	51.7	YES	198
3	1.2	241	289.2	12.3	8.01	48.3	YES	195
4	1.21	241	291.6	12.2	7.99	48.4	YES	214
5	1.07	241	257.9	12.3	8.04	48.1	YES	193
6	1.05	241	253.1	12.3	7.99	47.2	YES	186
7	0.93	241	224.1	12.6	7.98	45.5	YES	205
8	0.93	241	224.1	12.8	7.91	43.8	YES	210
9	0.9	241	216.9	12.9	7.90	43.2	YES	193
10	0.91	241	219.3	12.7	7.81	42.4	YES	208
11	0.89	241	214.5	13.2	7.84	41.4	YES	216
12	1.01	241	243.4	13.5	7.89	41.9	YES	198
13	1	241	241.0	13.4	7.83	41.2	YES	196
14	0.97	241	233.8	13.1	7.78	41.1	YES	210
15	0.99	241	238.6	12.9	7.85	42.8	YES	213
16	0.99	241	238.6	12.8	7.90	43.9	YES	196
17	0.91	241	219.3	12.7	7.92	44.1	YES	187
18	0.96	241	231.4	12.6	7.92	44.7	YES	210
19	1.03	241	248.2	12.3	8.00	47.3	YES	199
20	1.04	241	250.6	12.1	8.04	48.6	YES	205
21	1.09	241	262.7	11.9	8.04	49.6	YES	207
22	0.96	241	231.4	13.2	8.09	45.7	YES	209
23	0.89	241	214.5	12.7	8.02	45.7	YES	240
24	0.9	241	216.9	13.4	8.16	46.0	YES	205
25	0.87	241	209.7	13.3	8.23	47.3	YES	224
26	0.86	241	207.3	13.3	8.31	48.7	YES	286
27	0.89	241	214.5	13.2	8.31	49.2	YES	193
28	0.89	241	214.5	13.5	8.26	47.3	YES	258
29	0.86	241	207.3	13.7	8.28	46.9	YES	209
30	1.07	241	257.9	14.0	8.18	45.4	YES	223
31		241						

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