

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clatsop


Conventional or Direct Filtration

Month/Year: Aug-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	0.016	0.017	0.016	0.016	0.016	0.016	0.017	
2	0.016	0.021	Off	0.014	0.014	0.016	0.021	
3	0.027	0.016	0.016	0.020	0.018	0.016	0.027	
4	0.016	0.016	0.020	0.031	0.018	0.017	0.031	
5	0.018	0.015	0.018	0.019	0.019	0.020	0.020	
6	0.022	0.022	0.022	0.021	0.018	0.021	0.022	
7	0.018	0.018	0.021	0.017	0.016	0.017	0.021	
8	0.017	0.017	0.018	0.014	0.016	0.017	0.018	
9	0.015	0.020	0.026	0.032	0.037	0.038	0.038	
10	0.022	0.029	0.025	0.021	0.019	0.021	0.029	
11	0.018	0.018	Off	0.016	0.017	0.016	0.018	
12	0.035	0.023	0.018	0.019	0.019	0.018	0.035	
13	0.021	0.020	0.022	0.019	0.019	0.018	0.022	
14	0.020	0.025	0.019	0.018	0.018	0.016	0.025	
15	0.017	0.019	0.025	0.022	0.027	Off	0.027	
16	0.024	0.022	0.020	0.018	0.016	0.017	0.025	
17	0.018	0.017	0.020	0.020	0.022	Off	0.022	
18	0.020	0.021	0.023	0.022	0.018	0.019	0.023	
19	0.018	0.020	0.022	0.030	0.019	0.018	0.030	
20	0.018	0.022	0.021	0.021	Off	0.019	0.022	
21	0.020	0.020	0.023	0.036	0.019	0.019	0.036	
22	0.020	0.021	0.025	0.018	0.019	0.017	0.025	
23	0.018	0.022	0.020	0.018	0.020	0.019	0.022	
24	0.021	0.020	0.018	0.021	0.018	0.018	0.021	
25	0.019	0.020	0.019	0.019	0.019	0.020	0.020	
26	0.022	0.020	0.021	0.022	0.020	0.019	0.022	
27	0.018	0.025	0.020	0.017	0.018	0.017	0.025	
28	0.022	0.020	0.021	0.018	0.019	0.019	0.022	
29	0.020	0.024	0.021	0.022	0.021	0.027	0.027	
30	0.038	Off	0.077	0.030	0.028	0.027	0.077	
31	0.034	0.032	0.035	0.031	0.030	0.053	0.053	

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	Yes / No	Yes / No	Yes / No
All turbidity readings < IFE <sup>2</sup> triggers	Yes / No		

Notes:

PRINTED NAME: Dan Waterbury	DATE: 9/5/23
SIGNATURE: 	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-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	0.85	241	204.9	15.4	8.31	42.3	YES	274
2	0.79	241	190.4	15.9	8.02	36.5	YES	235
3	0.67	241	161.5	16.3	8.01	35.0	YES	227
4	0.59	241	142.2	16.8	7.79	30.9	YES	182
5	0.87	241	209.7	16.1	7.75	32.9	YES	209
6	1.06	241	255.5	16.1	7.81	34.4	YES	275
7	1.04	241	250.6	16.2	7.84	34.5	YES	227
8	1.03	241	248.2	16.1	7.85	34.8	YES	270
9	1	241	241.0	16.1	7.90	35.3	YES	255
10	0.92	241	221.7	15.8	7.92	36.0	YES	252
11	0.82	241	197.6	15.5	7.88	35.8	YES	218
12	0.87	241	209.7	15.8	7.95	36.2	YES	214
13	1.05	241	253.1	16.0	7.95	36.4	YES	284
14	0.94	241	226.5	17.2	7.83	31.8	YES	297
15	1	241	241.0	17.9	7.73	29.4	YES	401
16	0.97	241	233.8	18.1	7.68	28.4	YES	248
17	0.86	241	207.3	17.8	7.64	28.2	YES	272
18	0.84	241	202.4	17.1	7.71	30.3	YES	193
19	0.86	241	207.3	16.8	7.74	31.3	YES	279
20	0.68	241	163.9	16.8	7.75	30.8	YES	460
21	0.71	241	171.1	16.7	7.69	30.4	YES	214
22	0.73	241	175.9	16.5	7.67	30.6	YES	282
23	0.68	241	163.9	16.3	7.87	33.2	YES	253
24	0.82	241	197.6	15.8	7.77	33.7	YES	249
25	0.8	241	192.8	16.3	7.76	32.4	YES	224
26	0.86	241	207.3	16.1	7.77	33.1	YES	211
27	0.81	241	195.2	16.0	7.77	33.2	YES	225
28	0.95	241	229.0	15.9	7.64	32.3	YES	222
29	0.72	241	173.5	15.6	7.64	32.1	YES	254
30	0.59	241	142.2	15.6	7.57	30.9	YES	215
31	0.69	241	166.3	15.4	7.69	33.1	YES	181

<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