

# OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Clatsop

Month/Year: Oct-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	0.024	Off	Off	0.030	0.249	0.135	0.249
2	0.089	0.064	Off	0.021	0.018	Off	0.089
3	Off	Off	Off	0.130	0.088	0.028	0.130
4	0.024	0.021	0.023	0.024	0.019	0.024	0.024
5	0.024	0.020	0.022	0.024	0.029	0.024	0.029
6	0.016	0.022	0.019	0.021	0.021	0.019	0.022
7	0.021	Off	0.022	0.018	0.020	0.019	0.022
8	0.019	0.021	0.023	0.021	0.026	0.019	0.026
9	0.022	Off	Off	0.018	0.020	0.020	0.022
10	0.015	0.016	Off	0.021	0.018	0.021	0.021
11	0.025	0.033	Off	0.043	0.232	0.037	0.232
12	0.067	0.031	0.043	0.051	0.035	0.029	0.067
13	Off	Off	0.022	0.022	0.021	0.024	0.024
14	0.019	0.019	0.024	0.021	0.023	0.022	0.024
15	0.026	Off	0.042	0.032	Off	0.025	0.042
16	0.019	0.020	0.018	0.022	0.105	Off	0.105
17	Off	Off	Off	0.029	0.043	0.039	0.043
18	0.022	0.033	0.027	0.019	0.024	0.020	0.033
19	0.018	0.019	0.017	0.018	0.018	0.018	0.019
20	Off	Off	Off	0.021	0.021	0.020	0.021
21	0.021	0.026	0.019	0.021	0.017	0.020	0.026
22	Off	0.021	0.017	0.021	0.022	0.021	0.022
23	0.019	0.022	Off	0.019	0.016	0.018	0.022
24	0.019	Off	Off	0.016	0.019	0.256	0.256
25	Off	Off	Off	0.003	0.027	0.047	0.047
26	Off	Off	0.022	0.018	0.020	0.042	0.042
27	0.021	0.021	0.021	0.021	Off	0.021	0.021
28	0.020	0.018	0.019	0.016	0.017	Off	0.020
29	0.020	0.027	Off	Off	0.019	0.018	0.027
30	0.020	0.027	0.020	0.018	0.019	0.021	0.027
31	0.017	0.020	0.018	0.020	0.023	Off	0.023

Conventional or Direct Filtration

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings  $\leq$  0.3 NTU?

Yes/No

All 4-hour turbidity readings  $\leq$  1 NTU?

Yes/No

All turbidity readings < IFE<sup>2</sup> triggers

Yes/No

CT's met everyday?  
(see back)

Yes/No

All Cl<sub>2</sub> residual at entry point  
 $\geq$  0.2 mg/l?

Yes/No

Notes:

PRINTED NAME: Dan Waterbury

SIGNATURE: 

DATE: 11/06/23

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**

<b>System Name:</b> Wickiup Water District	<b>ID#:</b> 41-00063	<b>Month/Year:</b> Oct-23	<b>WTP - :B</b> 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> [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? <sup>3</sup> Yes / No	Peak Hourly Flow GPM
1	1.15	241	277.2	11.8	7.94	48.5	YES	189
2	0.93	241	224.1	11.8	8.29	53.6	YES	179
3	0.89	241	214.5	12.1	8.37	53.8	YES	198
4	0.77	241	185.6	12.3	8.46	54.0	YES	209
5	0.81	241	195.2	12.2	8.42	53.9	YES	214
6	0.92	241	221.7	13.4	8.45	51.3	YES	178
7	0.93	241	224.1	13.2	8.38	50.7	YES	183
8	0.87	241	209.7	13.4	8.39	49.9	YES	201
9	0.86	241	207.3	13.7	8.39	48.8	YES	191
10	0.84	241	202.4	13.2	8.39	50.4	YES	188
11	0.88	241	212.1	13.1	8.46	52.2	YES	196
12	0.75	241	180.8	12.7	8.55	54.6	YES	187
13	0.73	241	175.9	12.3	8.44	53.4	YES	199
14	0.88	241	212.1	13.0	8.47	52.8	YES	187
15	1.02	241	245.8	12.5	8.54	56.9	YES	196
16	1	241	241.0	12.7	8.52	55.6	YES	178
17	0.89	241	214.5	12.4	8.56	56.4	YES	182
18	1.05	241	253.1	12.0	8.60	59.9	YES	201
19	1	241	241.0	12.6	8.39	53.3	YES	185
20	0.96	241	231.4	12.4	8.48	55.3	YES	182
21	1	241	241.0	12.4	8.48	55.5	YES	179
22	1.03	241	248.2	12.5	8.51	56.3	YES	181
23	1.06	241	255.5	12.2	8.52	57.5	YES	192
24	1.22	241	294.0	11.6	8.58	62.3	YES	173
25	1.38	241	332.6	11.4	8.53	63.2	YES	180
26	1.46	241	351.9	9.8	8.55	71.7	YES	192
27	1.24	241	298.8	9.4	8.67	75.1	YES	212
28	1.15	241	277.2	8.8	8.63	76.3	YES	200
29	1.39	241	335.0	8.9	8.68	79.4	YES	201
30	1.26	241	303.7	9.3	8.61	74.1	YES	199
31	1.15	241	277.2	8.0	8.54	78.0	YES	195

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