

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clatsop
 Month/Year: Jan-24

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	0.026	Off	Off	0.023	0.027	0.027	0.027	
2	0.027	Off	Off	0.029	Off	0.029	0.029	
3	0.027	Off	Off	0.024	Off	0.025	0.027	
4	Off	Off	Off	0.028	0.037	0.025	0.037	
5	Off	Off	Off	0.031	0.026	0.023	0.031	
6	0.028	Off	Off	0.034	0.028	0.022	0.034	
7	0.031	Off	Off	0.033	0.030	Off	0.033	
8	0.030	Off	Off	0.031	0.028	0.032	0.032	
9	0.029	Off	Off	0.045	0.082	0.036	0.082	
10	0.042	0.032	Off	0.030	0.052	Off	0.052	
11	0.035	Off	Off	0.025	0.048	0.029	0.048	
12	0.026	Off	Off	0.028	0.106	0.037	0.106	
13	0.035	0.024	Off	0.025	0.057	0.053	0.057	
14	0.046	Off	Off	0.030	0.078	0.031	0.078	
15	0.029	Off	Off	0.031	0.044	0.024	0.044	
16	0.025	0.026	0.029	0.026	0.030	0.027	0.029	
17	0.031	0.024	0.026	0.033	0.030	0.032	0.033	
18	0.032	Off	0.034	0.047	0.050	0.027	0.050	
19	0.036	0.052	0.063	Off	Off	Off	0.063	
20	0.032	0.031	0.034	0.030	0.027	0.029	0.034	
21	0.028	0.031	0.028	0.029	0.029	0.037	0.037	
22	0.033	0.039	0.038	0.038	0.037	Off	0.039	
23	Off	Off	0.037	0.039	Off	Off	0.039	
24	0.020	0.025	Off	0.031	Off	Off	0.031	
25	0.025	0.026	0.027	0.027	0.029	Off	0.029	
26	0.041	0.018	0.023	0.023	Off	Off	0.041	
27	0.030	0.024	Off	0.027	0.024	Off	0.030	
28	Off	Off	0.030	0.020	0.025	Off	0.030	
29	Off	0.027	0.033	Off	Off	0.024	0.033	
30	0.025	Off	Off	0.031	0.022	0.016	0.031	
31	Off	Off	Off	Off	0.029	Off	0.029	

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? Yes / No <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? Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No		
All turbidity readings < IFE ² triggers Yes / No <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes:	PRINTED NAME: Dan Waterbury	
	SIGNATURE:	DATE: 2/07/24
	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

WTP - :B

System Name:	Wickiup Water District	ID#: 41-00063	Month/Year:	Jan-24	Disinfection <i>Giardia</i> Log Inactive:	1
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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	1.61	241	388.0	8.4	8.10	68.2	YES	174
2	1.59	241	383.2	8.6	8.02	65.2	YES	190
3	1.6	241	385.6	7.7	8.04	69.9	YES	179
4	1.53	241	368.7	8.2	7.97	65.3	YES	188
5	1.48	241	356.7	7.9	8.02	67.5	YES	166
6	1.51	241	363.9	7.9	8.01	67.5	YES	171
7	1.49	241	359.1	7.7	7.95	66.8	YES	188
8	1.56	241	376.0	7.7	7.91	66.3	YES	176
9	1.52	241	366.3	7.9	7.92	65.4	YES	171
10	1.59	241	383.2	7.3	7.92	68.7	YES	181
11	1.61	241	388.0	7.3	7.91	68.6	YES	184
12	1.62	241	390.4	6.9	7.96	71.9	YES	173
13	1.77	241	426.6	6.4	8.01	77.1	YES	174
14	1.72	241	414.5	5.5	8.13	85.3	YES	176
15	1.57	241	378.4	5.3	8.11	84.3	YES	186
16	1.7	241	409.7	4.8	8.01	85.4	YES	479
17	1.72	241	414.5	8.7	7.66	57.7	YES	232
18	1.68	241	404.9	5.7	7.38	63.6	YES	142
19	1.62	241	390.4	6.0	7.40	62.3	YES	142
20	1.62	241	390.4	7.1	7.37	57.2	YES	145
21	1.64	241	395.2	6.9	8.04	74.2	YES	154
22	1.66	241	400.1	8.5	7.97	64.9	YES	139
23	1.72	241	414.5	8.1	8.35	77.2	YES	141
24	1.53	241	368.7	7.7	8.40	79.1	YES	173
25	1.59	241	383.2	12.1	8.15	53.9	YES	140
26	1.62	241	390.4	8.3	8.19	71.0	YES	134
27	1.54	241	371.1	8.6	8.21	69.4	YES	120
28	1.88	241	453.1	9.5	8.22	68.2	YES	152
29	1.61	241	388.0	9.3	8.08	63.6	YES	137
30	1.74	241	419.3	9.6	8.02	61.9	YES	151
31	1.58	241	380.8	10.3	7.93	56.1	YES	155

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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