

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clatsop

Conventional or Direct Filtration

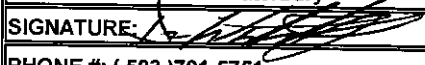
Month/Year: Apr-24

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	0.094	Off	Off	0.042	0.070	0.072	0.094
2	0.100	Off	Off	0.087	0.083	0.040	0.100
3	0.051	Off	0.075	Off	0.082	0.065	0.082
4	Off	Off	Off	0.053	0.053	0.070	0.070
5	Off	Off	0.074	0.080	0.063	0.063	0.080
6	0.100	Off	Off	0.072	0.049	0.056	0.100
7	Off	Off	Off	0.066	0.057	0.081	0.081
8	0.087	Off	0.086	0.071	0.053	0.078	0.087
9	0.097	Off	0.083	0.088	0.062	0.086	0.097
10	Off	Off	0.070	0.077	0.080	0.070	0.080
11	0.103	0.047	Off	0.094	0.103	0.054	0.103
12	Off	Off	Off	0.063	0.067	0.090	0.090
13	0.043	Off	Off	0.070	0.080	0.088	0.088
14	0.075	0.057	Off	Off	0.072	0.099	0.099
15	0.095	Off	Off	0.058	0.075	0.091	0.095
16	0.100	0.102	Off	0.072	0.073	0.059	0.102
17	0.060	Off	Off	0.102	0.067	0.085	0.102
18	0.085	Off	Off	0.094	0.090	0.079	0.090
19	0.092	Off	Off	Off	0.089	0.071	0.092
20	0.095	0.087	0.091	0.077	0.071	0.116	0.116
21	Off	Off	0.085	0.085	0.085	0.060	0.085
22	0.080	0.097	0.106	0.079	0.083	0.090	0.106
23	Off	Off	Off	0.108	0.127	0.058	0.127
24	Off	Off	Off	Off	0.083	0.074	0.083
25	Off	Off	Off	0.080	0.089	0.119	0.119
26	Off	Off	0.095	0.073	0.058	0.061	0.095
27	Off	Off	0.089	0.078	0.092	0.118	0.118
28	Off	Off	Off	0.099	0.104	0.112	0.112
29	0.090	Off	0.108	0.094	0.096	0.083	0.108
30	Off	Off	0.096	Off	0.075	0.065	0.096
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 Cl ₂ 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 ² triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:

PRINTED NAME: Dan Waterbury

SIGNATURE: 

PHONE #: (503)791-5751

DATE: 5/08/24

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: Mar-24

Mar-24

Disinfection *Giardia*
Log Inactive:

1

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³ [ppm or mg/L]	Contact Time (T) [minutes]	Actual CT C X T	Temp [° C]	pH	Required CT formula	CT Met? ³ Yes / No	Peak Hourly Flow GPM
1	1.14	241	274.7	9.1	8.03	60.0	YES	193
2	1.14	241	274.7	9.1	8.03	60.0	YES	210
3	1.06	241	255.5	9.0	8.02	59.6	YES	188
4	1.06	241	255.5	8.4	8.10	63.9	YES	192
5	1.07	241	257.9	8.7	7.89	58.1	YES	166
6	1.48	241	356.7	9.1	7.92	60.0	YES	161
7	1.41	241	339.8	9.3	8.04	61.3	YES	202
8	1.31	241	315.7	9.3	7.92	58.0	YES	186
9	1.25	241	301.3	8.9	7.78	56.3	YES	204
10	1.27	241	306.1	8.3	7.89	61.1	YES	197
11	1.27	241	306.1	9.2	7.93	58.3	YES	187
12	1.26	241	303.7	9.5	7.83	55.1	YES	189
13	1.25	241	301.3	9.8	8.02	57.7	YES	173
14	1.24	241	298.8	9.8	7.99	57.0	YES	201
15	1.35	241	325.4	9.4	8.03	60.2	YES	211
16	1.47	241	354.3	9.2	8.03	61.9	YES	195
17	1.23	241	296.4	9.0	8.03	61.0	YES	186
18	1.23	241	296.4	9.8	8.04	58.0	YES	209
19	1.29	241	310.9	9.4	8.01	59.4	YES	185
20	1.35	241	325.4	10.3	8.02	56.5	YES	170
21	1.38	241	332.6	10.4	8.10	57.9	YES	199
22	1.19	241	286.8	9.6	8.03	58.3	YES	188
23	1.18	241	284.4	9.4	8.05	59.5	YES	174
24	1.1	241	265.1	10.1	7.99	55.0	YES	181
25	1.29	241	310.9	10.4	8.41	64.1	YES	182
26	1.23	241	296.4	10.3	7.99	55.1	YES	166
27	1.14	241	274.7	10.0	7.95	54.8	YES	161
28	1.14	241	274.7	9.9	7.94	55.0	YES	176
29	1.13	241	272.3	9.5	7.93	56.2	YES	194
30	0.98	241	236.2	9.2	8.02	58.3	YES	182
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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350