

OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration

County: **Clatsop**
 Month/Year: **Jun-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	Off	Off	Off	0.032	0.048	0.027	0.048	
2	0.032	0.031	Off	0.029	0.028	0.076	0.076	
3	Off	Off	Off	0.024	0.026	0.025	0.026	
4	0.025	0.064	0.059	0.050	0.029	0.026	0.064	
5	0.024	0.025	0.023	0.024	0.022	Off	0.025	
6	Off	Off	0.024	0.023	0.023	0.020	0.024	
7	0.024	Off	0.023	0.023	Off	0.023	0.024	
8	0.023	0.023	0.024	0.022	0.021	0.025	0.025	
9	0.028	0.026	0.024	Off	0.028	0.024	0.028	
10	Off	Off	Off	0.025	0.023	0.025	0.025	
11	0.024	0.024	Off	0.026	0.026	0.028	0.028	
12	0.022	Off	Off	0.025	0.026	0.027	0.027	
13	0.026	0.021	Off	0.032	0.026	0.029	0.032	
14	0.030	Off	Off	0.029	0.025	0.025	0.030	
15	Off	Off	Off	0.029	0.028	0.027	0.029	
16	0.029	Off	Off	0.027	0.025	0.026	0.029	
17	0.024	Off	0.027	0.027	0.029	0.027	0.029	
18	0.031	Off	Off	0.025	0.023	0.026	0.031	
19	0.027	0.026	Off	0.057	0.029	0.036	0.057	
20	0.031	0.028	0.025	0.027	0.024	0.029	0.031	
21	0.023	0.028	Off	0.025	0.027	0.026	0.028	
22	0.027	Off	Off	0.029	0.026	0.029	0.029	
23	0.026	0.027	0.029	Off	0.027	0.028	0.029	
24	0.029	Off	Off	0.029	0.028	0.026	0.029	
25	0.024	0.028	0.028	0.025	0.028	0.031	0.031	
26	0.057	Off	Off	0.028	0.028	0.030	0.057	
27	0.027	0.032	Off	0.030	0.028	0.036	0.036	
28	Off	Off	0.034	0.033	0.030	Off	0.034	
29	0.031	0.033	0.036	0.035	0.034	0.032	0.036	
30	0.034	Off	Off	0.034	0.033	0.032	0.034	
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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Dan Waterbury	
	SIGNATURE: 	DATE: 7/09/24
	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 Eff. (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-24	Disinfection Giardia 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	1.26	241	303.7	11.6	7.99	50.6	YES	215
2	1.19	241	286.8	11.2	8.01	52.0	YES	202
3	1.19	241	286.8	12.0	7.93	47.9	YES	201
4	1.28	241	308.5	11.3	7.96	51.2	YES	193
5	1.3	241	313.3	10.9	8.03	54.1	YES	184
6	1.27	241	306.1	11.5	8.06	52.3	YES	179
7	1.22	241	294.0	11.2	8.04	52.7	YES	211
8	1.39	241	335.0	12.4	7.97	48.4	YES	202
9	1.36	241	327.8	12.2	7.95	48.5	YES	176
10	1.39	241	335.0	12.4	8.01	49.1	YES	181
11	1.34	241	322.9	12.3	7.96	48.3	YES	182
12	1.37	241	330.2	12.7	8.04	48.6	YES	210
13	1.2	241	289.2	12.1	7.92	47.5	YES	192
14	1.35	241	325.4	12.0	7.91	48.4	YES	174
15	1.39	241	335.0	11.9	7.90	48.8	YES	171
16	1.29	241	310.9	11.7	7.93	49.4	YES	170
17	1.26	241	303.7	11.6	7.98	50.5	YES	188
18	1.34	241	322.9	11.5	7.96	50.9	YES	189
19	1.39	241	335.0	12.3	8.01	49.4	YES	211
20	1.41	241	339.8	11.9	8.05	51.6	YES	192
21	1.35	241	325.4	12.4	7.97	48.2	YES	180
22	1.31	241	315.7	13.3	7.91	44.2	YES	192
23	1.25	241	301.3	13.1	8.01	46.2	YES	217
24	1.2	241	289.2	13.0	7.93	44.9	YES	235
25	1.12	241	269.9	12.9	7.84	43.3	YES	234
26	1.16	241	279.6	13.2	7.81	42.2	YES	192
27	1.18	241	284.4	13.0	7.81	42.8	YES	189
28	1.27	241	306.1	13.3	7.87	43.4	YES	190
29	1.28	241	308.5	14.0	7.83	40.9	YES	176
30	1.35	241	325.4	13.7	7.77	41.1	YES	218
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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350