

OHA - Drinking Water Services -Turbidity Monitoring Report Form

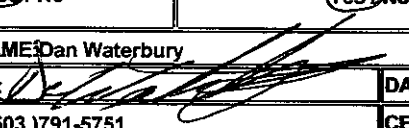
County: Clatsop

Conventional or Direct Filtration

Month/Year: Jul-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 <sup>1</sup> [NTU]
1	0.031	Off	0.035	0.033	0.029	0.038	0.038
2	Off	Off	Off	0.030	0.032	0.033	0.033
3	0.033	0.034	Off	0.029	0.030	0.031	0.033
4	0.035	0.032	0.028	0.028	0.032	0.034	0.035
5	0.031	0.035	0.073	Off	0.035	0.030	0.073
6	0.031	0.035	0.034	0.036	0.035	Off	0.036
7	0.033	0.035	0.032	0.056	0.036	0.029	0.056
8	0.031	0.032	0.034	Off	0.029	0.030	0.034
9	0.031	0.030	0.033	0.031	0.030	0.029	0.033
10	0.029	0.030	Off	0.033	0.032	0.027	0.033
11	0.030	0.029	0.034	0.029	0.028	0.029	0.034
12	0.036	Off	0.029	Off	0.034	0.030	0.036
13	0.030	0.031	0.033	0.035	0.032	0.028	0.035
14	0.031	0.027	0.028	0.029	0.027	0.027	0.031
15	0.028	Off	0.056	0.027	0.029	0.028	0.056
16	0.030	0.029	0.029	0.030	0.025	0.034	0.034
17	0.054	0.026	0.025	0.030	0.029	0.030	0.054
18	0.029	0.030	Off	0.024	0.021	0.022	0.030
19	0.023	0.024	0.051	0.022	0.019	0.023	0.051
20	0.025	Off	Off	0.023	0.024	0.037	0.037
21	0.023	0.025	0.025	0.060	0.024	0.020	0.060
22	Off	Off	0.022	0.020	0.021	0.021	0.022
23	0.020	0.023	0.021	0.020	0.019	0.019	0.023
24	Off	Off	0.021	0.018	0.020	0.020	0.021
25	0.017	0.019	0.022	0.022	0.018	0.018	0.022
26	Off	Off	0.020	0.018	0.022	0.019	0.022
27	0.018	0.021	0.018	0.017	0.025	0.018	0.025
28	0.016	Off	Off	0.014	0.015	0.017	0.017
29	0.015	0.015	Off	0.019	0.020	0.021	0.021
30	Off	Off	0.019	0.020	0.025	0.037	0.037
31	Off	Off	0.024	0.039	0.025	0.012	

<b>Conventional or Direct Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
All turbidity readings < IFE <sup>2</sup> triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		
<b>Notes:</b>		<b>PRINTED NAME:</b> Dan Waterbury	
		<b>SIGNATURE:</b> 	<b>DATE:</b> 8/06/24
		<b>PHONE #:</b> ( 503 )791-5751	<b>CERT #:</b> 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

WTP - :B

System Name:	Wickiup Water District	ID#: 41-00063	Month/Year:	Jul-24	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	1.12	241	269.9	13.5	7.78	40.7	YES	213
2	1.12	241	269.9	13.5	7.74	40.1	YES	272
3	1.13	241	272.3	13.3	7.83	42.1	YES	195
4	1.25	241	301.3	13.6	7.77	40.9	YES	211
5	1.28	241	308.5	17.8	7.81	31.5	YES	190
6	1.41	241	339.8	14.7	7.79	39.0	YES	212
7	1.33	241	320.5	15.9	7.72	34.8	YES	271
8	1.41	241	339.8	15.9	7.72	35.1	YES	255
9	1.2	241	289.2	16.2	7.76	34.1	YES	252
10	1.19	241	286.8	16.4	7.40	29.4	YES	266
11	1.27	241	306.1	15.9	7.70	34.3	YES	235
12	1.2	241	289.2	15.7	7.64	33.7	YES	174
13	1.47	241	354.3	15.5	7.79	37.2	YES	177
14	1.22	241	294.0	15.6	7.79	36.0	YES	237
15	1.11	241	267.5	15.3	7.82	36.6	YES	269
16	1.16	241	279.6	15.1	7.81	37.2	YES	232
17	1.26	241	303.7	15.3	7.86	37.8	YES	253
18	1.07	241	257.9	15.3	7.89	37.4	YES	271
19	1.28	241	308.5	15.0	7.93	39.7	YES	188
20	1.22	241	294.0	15.5	7.94	38.3	YES	270
21	1.16	241	279.6	15.3	7.95	38.6	YES	200
22	1.12	241	269.9	15.0	7.90	38.5	YES	248
23	1.19	241	286.8	14.5	7.91	40.3	YES	187
24	1.15	241	277.2	15.1	7.93	38.8	YES	235
25	1.21	241	291.6	14.4	7.88	40.2	YES	181
26	1.32	241	318.1	14.1	7.93	42.3	YES	186
27	1.35	241	325.4	14.2	7.96	42.6	YES	181
28	1.29	241	310.9	14.6	8.00	41.8	YES	192
29	1	241	241.0	15.4	8.56	47.2	YES	187
30	1.16	241	279.6	15.1	7.75	36.4	YES	189
31	1.17	241	282.0	15.4	7.89	37.6	YES	205

<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