

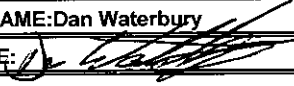
OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Clatsop

Conventional or Direct Filtration

Month/Year: Aug-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	0.018	0.016	Off	0.016	0.030	0.016	0.030
2	0.023	0.025	0.032	0.017	0.019	0.018	0.032
3	Off	Off	0.014	0.016	0.014	0.016	0.016
4	0.016	Off	Off	0.015	0.011	0.024	0.024
5	Off	0.012	Off	0.012	0.014	0.010	0.014
6	0.015	0.018	Off	Off	0.017	0.016	0.018
7	0.017	0.016	Off	0.028	0.014	0.016	0.028
8	0.017	0.017	Off	Off	0.014	0.014	0.017
9	0.014	0.013	0.015	0.016	0.014	0.014	0.016
10	Off	Off	0.014	0.014	0.013	0.023	0.023
11	0.015	Off	Off	0.015	0.012	0.014	0.015
12	Off	Off	0.015	0.017	0.013	Off	0.017
13	0.017	Off	Off	0.022	0.014	0.014	0.022
14	0.018	0.019	Off	0.017	0.017	0.014	0.019
15	0.016	0.015	Off	0.013	0.015	0.015	0.016
16	0.014	Off	Off	0.024	0.011	0.016	0.024
17	0.016	0.018	Off	0.015	0.014	0.019	0.019
18	Off	Off	0.015	0.018	0.019	0.021	0.021
19	Off	Off	Off	0.016	0.015	0.015	0.016
20	0.019	0.022	0.041	0.026	0.026	0.027	0.041
21	0.028	Off	0.028	0.019	0.017	0.021	0.028
22	0.021	Off	Off	0.021	0.022	0.025	0.025
23	Off	Off	0.027	0.024	0.023	0.026	0.027
24	Off	Off	0.024	0.021	0.025	0.024	0.025
25	Off	Off	0.027	0.031	0.064	0.033	0.064
26	0.033	0.029	0.031	0.026	0.029	0.030	0.033
27	Off	Off	0.033	0.029	0.029	0.029	0.033
28	Off	Off	0.031	0.028	Off	0.028	0.031
29	0.029	0.058	Off	0.027	0.028	0.029	0.058
30	Off	0.025	0.025	Off	Off	0.026	0.026
31	0.025	0.024	0.025	Off	0.045	0.025	0.045

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)	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		
Notes:	PRINTED NAME: Dan Waterbury		
	SIGNATURE: 		DATE: 9/09/24
	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

WTP - :B

System Name:	Wickiup Water District	ID#: 41-00063	Month/Year:	Aug-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	1.18	241	284.4	15.6	7.90	37.3	YES	228
2	0.99	241	238.6	15.6	7.91	36.6	YES	195
3	1.03	241	248.2	15.6	7.90	36.6	YES	186
4	1.11	241	267.5	15.4	7.95	38.2	YES	239
5	1.02	241	245.8	15.5	7.92	37.1	YES	203
6	1.13	241	272.3	15.4	7.95	38.3	YES	252
7	1.16	241	279.6	15.4	7.95	38.4	YES	205
8	1.16	241	279.6	15.1	7.92	38.7	YES	203
9	1.21	241	291.6	15.3	7.95	38.9	YES	188
10	1.3	241	313.3	15.5	7.85	37.3	YES	186
11	1.08	241	260.3	15.6	7.74	34.7	YES	200
12	1.18	241	284.4	15.3	7.98	39.2	YES	201
13	1.17	241	282.0	14.9	7.94	39.6	YES	220
14	1.29	241	310.9	14.6	7.96	41.2	YES	244
15	1.33	241	320.5	14.7	7.96	41.1	YES	187
16	1.2	241	289.2	14.9	8.07	41.7	YES	227
17	1.24	241	298.8	14.7	8.04	41.9	YES	188
18	1.19	241	286.8	15.2	7.99	39.6	YES	176
19	1.16	241	279.6	14.7	8.03	41.4	YES	181
20	0.96	241	231.4	14.8	7.97	39.3	YES	193
21	1.04	241	250.6	14.6	7.95	39.9	YES	177
22	1.07	241	257.9	14.5	7.94	40.2	YES	177
23	1.05	241	253.1	14.4	7.85	39.0	YES	194
24	1.13	241	272.3	14.4	7.74	37.8	YES	184
25	1.06	241	255.5	14.1	7.85	39.9	YES	194
26	0.92	241	221.7	14.0	7.94	40.8	YES	195
27	0.97	241	233.8	14.1	7.94	40.8	YES	249
28	1.23	241	296.4	14.4	8.10	43.7	YES	187
29	1.26	241	303.7	14.5	7.96	41.4	YES	188
30	1.21	241	291.6	14.6	7.87	39.5	YES	190
31	1.21	241	291.6	15.2	8.04	40.4	YES	198

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