


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

County: **Clatsop**
 Month/Year: **Sep-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	0.028	Off	Off	0.026	0.029	0.031	0.031	
2	0.040	Off	Off	0.024	0.015	0.016	0.040	
3	0.014	Off	Off	0.014	0.014	0.018	0.018	
4	Off	Off	0.019	0.015	0.018	0.019	0.019	
5	0.020	Off	Off	0.015	0.019	0.022	0.022	
6	0.014	0.017	Off	0.017	0.019	0.016	0.019	
7	Off	Off	0.018	0.022	0.017	0.017	0.022	
8	Off	Off	Off	0.018	0.024	0.015	0.024	
9	Off	Off	0.015	0.018	0.018	0.020	0.020	
10	Off	Off	0.017	0.019	0.020	0.017	0.020	
11	0.017	0.018	0.020	Off	Off	Off	0.020	
12	Off	Off	Off	Off	0.036	0.032	0.036	
13	0.102	0.031	0.036	0.029	0.028	0.029	0.102	
14	0.052	0.034	0.045	Off	0.023	Off	0.052	
15	Off	Off	0.025	Off	0.025	0.025	0.025	
16	Off	Off	Off	0.025	0.036	0.025	0.036	
17	Off	Off	Off	0.020	0.020	0.028	0.028	
18	0.021	Off	Off	0.023	0.052	0.028	0.052	
19	Off	Off	Off	0.021	0.018	0.019	0.021	
20	0.022	Off	Off	0.023	0.020	0.019	0.023	
21	Off	Off	Off	0.037	0.054	0.039	0.054	
22	0.037	Off	Off	0.066	0.035	0.035	0.066	
23	Off	Off	0.031	0.033	0.032	0.033	0.033	
24	0.030	Off	Off	0.030	0.030	0.037	0.037	
25	Off	Off	Off	0.034	0.032	Off	0.034	
26	Off	Off	Off	Off	0.033	0.032	0.033	
27	0.035	0.035	Off	0.036	0.039	Off	0.039	
28	Off	Off	0.044	0.037	0.045	0.040	0.045	
29	Off	Off	Off	0.039	Off	0.040	0.040	
30	Off	Off	0.040	0.040	0.040	0.040	0.040	
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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 ² triggers	<input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Dan Waterbury	
	SIGNATURE: 	DATE: 10/10/24
	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: Sep-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	0.98	241	236.2	15.1	7.83	36.7	YES	188
2	0.93	241	224.1	15.1	7.82	36.4	YES	190
3	0.9	241	216.9	14.7	7.86	37.8	YES	198
4	0.84	241	202.4	14.7	7.87	37.7	YES	197
5	0.9	241	216.9	15.2	7.84	36.3	YES	198
6	0.84	241	202.4	15.5	7.84	35.3	YES	207
7	0.94	241	226.5	16.2	7.65	31.8	YES	190
8	0.89	241	214.5	16.2	7.79	33.3	YES	176
9	0.95	241	229.0	15.7	7.86	35.5	YES	192
10	0.88	241	212.1	15.4	7.81	35.3	YES	199
11	1.04	241	250.6	15.6	8.04	38.6	YES	192
12	0.84	241	202.4	15.4	7.78	34.8	YES	173
13	1.03	241	248.2	15.0	7.75	36.1	YES	179
14	0.8	241	192.8	15.0	7.59	33.1	YES	192
15	0.89	241	214.5	14.2	7.73	37.2	YES	170
16	1.14	241	274.7	13.9	7.74	39.2	YES	183
17	0.92	241	221.7	14.0	7.87	39.8	YES	182
18	0.86	241	207.3	14.3	7.97	40.2	YES	468
19	0.89	241	214.5	13.9	7.99	41.7	YES	186
20	1.08	241	260.3	13.9	8.06	43.8	YES	181
21	1.16	241	279.6	13.7	7.79	40.5	YES	171
22	0.95	241	229.0	13.6	8.11	44.8	YES	171
23	0.93	241	224.1	13.6	8.14	45.2	YES	211
24	1.01	241	243.4	13.8	7.82	40.0	YES	179
25	0.96	241	231.4	14.0	7.94	41.0	YES	175
26	1.34	241	322.9	13.7	7.97	44.2	YES	181
27	1.07	241	257.9	14.2	8.10	43.5	YES	199
28	1.04	241	250.6	13.2	8.09	46.1	YES	169
29	1	241	241.0	13.4	8.01	44.0	YES	161
30	1.04	241	250.6	12.7	8.02	46.5	YES	189
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