

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

County: **CLATSOP**
 Month/Year: **Oct-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			0.05	0.04	0.04	0.04	0.05	
2			0.04	0.04	0.04	0.05	0.05	
3				0.06	0.04	0.05	0.06	
4				0.06	0.09	0.07	0.09	
5				0.05	0.05	0.05	0.05	
6				0.04	0.04	0.04	0.04	
7				0.04	0.03	0.04	0.04	
8					0.04	0.03	0.04	
9				0.03	0.03	0.03	0.03	
10				0.04		0.04	0.04	
11			0.03	0.04	0.04		0.04	
12			0.31	0.03	0.03	0.03	0.03	
13				0.03	0.03	0.02	0.03	
14				0.04	0.03	0.05	0.05	
15				0.03	0.03	0.03	0.03	
16				0.03		0.04	0.04	
17				0.05	0.03	0.04	0.05	
18				0.03	0.03		0.03	
19					0.04	0.03	0.04	
20				0.04	0.03	0.06	0.06	
21				0.04		0.04	0.04	
22				0.05	0.04	0.04	0.05	
23				0.03	0.03	0.04	0.04	
24				0.04		0.04	0.04	
25			0.04	0.04	0.05		0.05	
26			0.04	0.04	0.04	0.04	0.04	
27				0.18	0.07	0.06	0.18	
28	0.05			0.05	0.05		0.05	
29				0.07	0.04	0.04	0.07	
30				0.03	0.04	0.06	0.06	
31				0.05		0.05	0.05	

Conventional or Direct Filtration			Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	YES		CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All 4-hour turbidity readings ≤ 1 NTU?	YES		YES	YES
All turbidity readings < IFE ² triggers	YES			
Notes:			PRINTED NAME: Eric Bufkin	CERT #: D-08662 T-08793
			SIGNATURE: _____ <i>Eric Bufkin</i>	DATE: 11-08-24
			PHONE #: (503) 468-8998	CERT #:

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:

Oct. 2024

Disinfection *Giardia*
Log Inactive:

1

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ¹	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	1.16	241	279.6	12.5	7.94	46.4	YES	182
2	1.05	241	253.1	12.3	7.96	46.7	YES	184
3	1.02	241	245.8	12.2	7.98	47.2	YES	178
4	1.02	241	245.8	12.3	7.95	46.4	YES	190
5	0.92	241	221.7	12.2	7.99	46.8	YES	166
6	0.85	241	204.9	12.1	7.95	46.1	YES	167
7	0.84	241	202.4	11.9	8.06	48.5	YES	181
8	0.86	241	207.3	12.1	8.07	48.1	YES	179
9	0.87	241	209.7	12.2	8.09	48.2	YES	178
10	1.01	241	243.4	11.9	8.11	50.3	YES	175
11	1.12	241	269.9	11.6	8.08	51.5	YES	171
12	0.87	241	209.7	12.6	8.10	47.3	YES	174
13	1.02	241	245.8	12.3	8.05	48.0	YES	160
14	0.91	241	219.3	12.0	8.09	49.1	YES	178
15	0.93	241	224.1	12.2	8.10	48.7	YES	167
16	1	241	241.0	12.5	8.05	47.4	YES	181
17	1	241	241.0	11.8	8.03	49.2	YES	176
18	1.04	241	250.6	11.5	8.04	50.6	YES	172
19	0.84	241	202.4	11.7	7.98	47.8	YES	169
20	0.84	241	202.4	12.1	8.01	47.0	YES	168
21	1.15	241	277.2	11.4	7.92	49.4	YES	175
22	0.91	241	219.3	10.9	7.95	50.3	YES	181
23	0.91	241	219.3	10.6	7.96	51.5	YES	186
24	0.99	241	238.6	9.9	8.09	57.1	YES	177
25	1.19	241	286.8	10.1	8.05	56.8	YES	615
26	0.74	241	178.3	10.8	8.05	51.4	YES	158
27	0.77	241	185.6	10.6	8.02	51.7	YES	170
28	0.81	241	195.2	10.3	8.09	54.4	YES	192
29	0.82	241	197.6	10.8	8.12	53.2	YES	179
30	0.79	241	190.4	10.0	8.05	54.6	YES	183
31	0.71	241	171.1	10.0	8.17	56.5	YES	173

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:

dwp_dmce@oha.oregon.gov, 971-673-0694, or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350