


OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: **CLATSOP**
 Month/Year: **Nov-24**

Conventional or Direct Filtration

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	off	off	off	off	
2				0.28	0.04	0.03	0.28	
3	0.03	0.03	0.03				0.03	
4					0.05	0.04	0.05	
5	0.06	0.05	0.03	0.03	0.04	0.03	0.06	
6	0.03			0.03	0.03	0.03	0.03	
7	0.03				0.04	0.04	0.04	
8				0.03	0.04	0.04	0.04	
9				0.03	0.04	0.03	0.04	
10				0.04	0.04	0.03	0.04	
11				0.07	0.04	0.03	0.07	
12	0.09			0.06	0.04	0.03	0.09	
13				0.03			0.03	
14			0.05	0.03	0.04		0.05	
15		0.04	0.24	0.10	0.12	0.10	0.24	
16	0.09	0.07		0.06	0.05	0.04	0.09	
17				0.06	0.04	0.04	0.06	
18				0.15			0.15	
19			0.27	0.27	0.06	0.06	0.27	
20					0.07	0.05	0.07	
21				0.07	0.06	0.05	0.07	
22				0.03	0.10	0.04	0.10	
23				0.04	0.03	0.04	0.04	
24				0.04	0.03	0.03	0.04	
25				0.08	0.04		0.08	
26			0.03	0.04	0.04		0.04	
27			0.03		0.03		0.03	
28			0.03	0.03	0.03		0.03	
29				0.03	0.03	0.03	0.03	
30				0.03		0.06	0.06	
31								

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	
	SIGNATURE: 	DATE: 12/09/2024
	PHONE #: (503) 468-8998	CERT #: T-08793

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

System Name: WICKIUP WATER DISTRICT						ID#: 41		00063		Month/Year: 24-Nov		WTP - : B	
Disinfection Giardia Log Inactive:												1	

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 Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.68	241	163.9	10.0	8.21	57.1	YES	177
2	0.63	241	151.8	10.1	8.29	58.0	YES	159
3	0.86	241	207.3	10.2	8.03	53.9	YES	167
4	0.68	241	163.9	10.3	8.07	53.2	YES	160
5	0.76	241	183.2	10.0	8.08	55.0	YES	193
6	1.06	241	255.5	9.6	8.20	61.1	YES	186
7	0.9	241	216.9	9.6	8.07	57.2	YES	172
8	0.97	241	233.8	9.6	8.11	58.5	YES	168
9	0.95	241	229.0	9.6	8.19	60.1	YES	175
10	1.13	241	272.3	9.5	8.22	62.4	YES	171
11	0.98	241	236.2	9.8	8.27	61.2	YES	163
12	1.12	241	269.9	9.8	8.11	58.7	YES	178
13	0.99	241	238.6	9.9	7.99	55.0	YES	187
14	1.02	241	245.8	9.8	7.85	52.9	YES	179
15	1.45	241	349.5	9.3	7.32	47.6	YES	182
16	0.94	241	226.5	8.8	7.92	57.5	YES	174
17	0.88	241	212.1	9.2	8.10	59.3	YES	164
18	1.05	241	253.1	8.7	8.21	65.1	YES	178
19	1.14	241	274.7	8.8	8.09	62.6	YES	175
20	1.18	241	284.4	8.3	8.50	75.5	YES	171
21	1	241	241.0	8.9	8.68	75.8	YES	186
22	0.99	241	238.6	9.2	8.71	75.0	YES	185
23	1.65	241	397.7	8.5	8.71	85.1	YES	169
24	0.79	241	190.4	8.3	8.71	77.9	YES	169
25	1.12	241	269.9	9.2	8.48	70.0	YES	169
26	1.03	241	248.2	8.5	8.61	76.2	YES	178
27	0.92	241	221.7	8.2	9.16	94.1	YES	182
28	1.03	241	248.2	7.9	7.95	62.4	YES	166
29	1.6	241	385.6	6.7	7.23	55.8	YES	169
30	1.04	241	250.6	7.2	8.58	82.6	YES	168
31		241						

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