OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Baker
Month/Year: Jul-25

System Name: City of Sumpter **ID#: 41 00815** **WTP : TP -**

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			0.06				0.06
2			0.06				0.06
3			0.06				0.06
4			0.06				0.06
5			0.06				0.06
6			0.06				0.06
7			0.06				0.06
8			0.06				0.06
9			0.06				0.06
10			0.06				0.06
11			0.06				0.06
12			0.06				0.06
13			0.06				0.06
14			0.06				0.06
15			0.06				0.06
16			0.06				0.06
17			0.06				0.06
18			0.06				0.06
19			0.06				0.06
20			0.06				0.06
21			0.06				0.06
22			0.06				0.06
23			0.06				0.06
24			0.06				0.06
25			0.06				0.06
26			0.06				0.06
27			0.06				0.06
28			0.06				0.06
29			0.06				0.06
30			0.06				0.06
31			0.06				0.06

Slow Sand/Membrane/DE Filtration/Unfiltered

95% of daily turbidity readings ≤ 1 NTU? [2]	**Yes**	CT's met everyday? (see back)	**Yes**
All daily turbidity readings ≤ 5 NTU?	**Yes**		

Notes:

PRINTED NAME: Levi Tickner
SIGNATURE: [signature] **DATE:** 8/10/2025
PHONE #: (541)760-9362 **CERT #:** T-008780

[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] Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

System Name: **City of Sumpter** **ID#: 41 00815** **Month/Year: Jul-25**

Disinfection *Giardia* Log Inactiv: **1.0**

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	0.41	150	61.5	15.0	7.56	31.3	YES	389
2	0.5	150	75.0	15.4	7.58	31.1	YES	389
3	0.39	150	58.5	15.4	7.61	31.0	YES	389
4	0.46	150	69.0	15.6	7.60	30.7	YES	389
5	0.5	150	75.0	15.1	7.63	32.3	YES	389
6	0.35	150	52.5	15.1	7.65	32.0	YES	389
7	0.3	150	45.0	15.2	7.63	31.3	YES	389
8	0.39	150	58.5	15.5	7.63	31.0	YES	389
9	0.4	150	60.0	16.1	7.64	30.0	YES	389
10	0.31	150	46.5	16.8	7.60	27.9	YES	389
11	0.51	150	76.5	16.3	7.64	29.9	YES	389
12	0.4	150	60.0	16.5	7.73	30.2	YES	389
13	0.36	150	54.0	17.1	7.72	28.7	YES	389
14	0.51	150	76.5	17.2	7.74	29.3	YES	389
15	0.37	150	55.5	17.5	7.72	28.0	YES	389
16	0.32	150	48.0	17.3	7.73	28.3	YES	389
17	0.49	150	73.5	17.6	7.75	28.5	YES	389
18	0.4	150	60.0	17.8	7.78	28.2	YES	389
19	0.69	150	103.5	17.7	7.78	29.3	YES	389
20	0.95	150	142.5	17.7	7.80	30.4	YES	389
21	0.66	150	99.0	17.3	7.80	30.2	YES	389
22	0.46	150	69.0	16.7	7.82	31.0	YES	389
23	0.52	150	78.0	16.5	7.82	31.6	YES	389
24	0.34	150	51.0	16.5	7.79	30.6	YES	389
25	0.39	150	58.5	16.7	7.76	30.1	YES	389
26	0.41	150	61.5	16.9	7.77	29.8	YES	389
27	0.47	150	70.5	17.2	7.78	29.6	YES	389
28	0.58	150	87.0	17.5	7.81	29.7	YES	389
29	0.94	150	141.0	17.6	7.82	30.8	YES	389
30	0.7	150	105.0	17.7	7.83	29.9	YES	389
31	0.55	150	82.5	18.0	7.83	28.8	YES	389

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

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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