

ATTN: LEV

OHA - Drinking Water Program - Turbidity Monitoring Report Form County:
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

System Name: CITY OF SUMMITER ID #: 4100845 WTP-: _____ Month/Year: FEB 2021

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							.044
2							.045
3							.044
4							.044
5							.043
6							.045
7							.044
8							.045
9							.043
10							.045
11							.047
12							.041
13							.044
14							.044
15							.042
16							.041
17							.044
18							.045
19							.042
20							.041
21							.042
22							.045
23							.043
24							.043
25							.044
26							.045
27							.045
28							.042
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <u>Yes / No</u> All daily turbidity readings ≤ 6 NTU? <u>Yes / No</u>	Monthly Summary (Answer Yes or No)	
	CT's met everyday? (see back) <u>Yes / No</u>	All Cl ₂ residual at entry point ≥ 0.2 mg/l? <u>Yes / No</u>
Notes:	PRINTED NAME: <u>Levi Tichner</u>	
	SIGNATURE: <u>[Signature]</u>	DATE: <u>3/8/21</u>
	PHONE #: <u>(541) 760-9362</u>	CERT #: <u>T-008870</u>

Including continuous turbidity 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.

System Name: City of Sumpter

ID #: 4100845

WTP

Month/Year FEB 2021

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Including continuous turbidity data, if applicable, for optimization recording purposes, readings' maximum. 2 Filtered systems only.

Compliance values in columns "12 AM" through "8 PM" may not correspond to continuous

Date/ Time	Beginning	Ending	Difference	Minimum Cl ₂ Residual at 1*User (C) 3	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? 3	Peak Hourly Deand Flow
Dec-20				[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes/N o	
1	468165800	468319600	153800	0.7	150	85	4.6	7.9	70	y	534
2 /	468319600	468473300	153700	0.6	150	85	6.8	7.9	68	y	534
3 /	468473300	468632000	158700	0.7	145	102	5.8	7.7	70	y	551
4 /	468632000	468759700	127700	0.7	180	126	5.8	7.8	68	y	443
5 /	468759700	468949900	190200	0.7	121	85	5.8	7.9	70	y	660
6 /	468949900	469109300	159400	0.8	145	116	6.2	7.8	70	y	553
7 /	469109300	469277700	168400	0.8	137	109	6.0	7.8	70	y	585
8 /	469277700	469427500	149800	0.8	154	123	6.9	7.7	70	y	520
9 /	469427500	469586400	158900	0.7	145	101	5.1	7.7	70	y	552
10 /	469586400	469745800	159400	0.8	145	116	5.3	7.8	70	y	553
11 /	469745800	469908500	162700	0.7	142	99	7.5	7.8	70	y	565
12 /	469908500	470083000	174500	0.7	132	92	6.4	7.9	70	y	606
13 /	470083000	470290900	207900	0.4	111	77	6.6	7.9	66	y	722
14 /	470290900	470464000	173100	0.6	133	80	7.7	7.6	68	y	601
15 /	470464000	470645100	181100	0.6	127	76	5.0	7.8	68	y	629
16 /	470645100	470845200	200100	0.7	115	81	6.6	7.8	70	y	695
17 /	470845200	471006700	161500	0.7	143	100	6.1	7.8	70	y	561
18 /	471006700	471179300	172600	0.7	133	93	5.0	7.9	70	y	599
19 /	471179300	471388700	209400	0.7	110	77	5.7	7.9	70	y	727
20 /	471388700	471522500	133800	0.7	172	121	7.0	7.7	70	y	465
21 /	471522500	471695000	172500	0.7	134	93	5.7	7.8	70	y	599
22 /	471695000	471872000	177000	0.7	130	91	5.2	7.8	70	y	615
23 /	471872000	472055200	183200	0.7	126	88	5.7	7.7	70	y	636
24 /	472055200	472236100	180900	0.8	127	102	4.7	7.9	70	y	628
25 /	472236100	472437800	201700	0.8	114	91	4.8	7.8	70	y	700
26 /	472437800	472623900	186100	0.8	124	99	5.8	7.8	70	y	646
27 /	472623900	472847900	224000	0.7	103	72	5.1	7.8	70	y	778
28 /	472847900	472987500	139600	0.8	165	132	4.8	7.9	70	y	485
29 /											
30 /											
31 /											

3 If Cl₂ at entry point < 0.2 mg/l OR CT not met, notify DWS within 24 hours.Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf

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