

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

System Name: City of Sumner ID # 21600245 WTP: \_\_\_\_\_ Month/Year: 4/21

DAY	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1							
2							0.051
3							0.055
4							0.058
5							0.062
6							0.067
7							0.086
8							0.075
9							0.076
10							0.103
11							0.074
12							0.071
13							0.088
14							0.084
15							0.076
16							0.075
17							0.067
18							0.073
19							0.069
20							0.070
21							0.078
22							0.089
23							0.119
24							0.097
25							0.098
26							0.096
27							0.099
28							0.086
29							0.077
30							0.078
31							0.088

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="checkbox"/> Yes / No	All daily turbidity readings ≤ 5 NTU? <input checked="" type="checkbox"/> Yes / No	CT's met everyday? (see back) <input checked="" type="checkbox"/> Yes / No	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l? <input checked="" type="checkbox"/> Yes / No
Notes:		PRINTED NAME: <u>Levi Tickner</u>	DATE: <u>5/7/21</u>
		SIGNATURE: <u>[Signature]</u>	CERT #: <u>T008780</u>
		PHONE #: <u>(541) 398-1804</u>	

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

System Name: City of Sumpter

ID #: 4100845

WTP

Month/Year

April 2021

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 <sub>2</sub> Residual at 1" User ( C ) 3	Contact Time ( T )	Actual CT	Temp	pH	Required CT	CT Met? 3	Peak Hourly Deand Flow
Apr-21				[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes/N o	
1	479169400	479346000	176600	0.6	130	85	9.1	7.3	70	y	613
2 /	479346000	479521200	175200	0.8	132	85	9.0	7.3	70	y	608
3 /	479521200	479690500	169300	0.8	136	109	9.2	7.4	70	y	588
4 /	479690500	479879100	188600	0.7	122	86	10.5	7.5	68	y	655
5 /	479879100	480052600	173500	0.7	133	93	8.2	7.4	70	y	602
6 /	480052600	480221900	169300	0.8	136	109	8.7	7.4	70	y	588
7 /	480221900	480396100	174200	0.7	132	93	8.4	7.4	70	y	605
8 /	480396100	480568000	171900	0.7	134	94	8.7	7.5	70	y	597
9 /	480568000	480747800	179800	0.7	128	90	8.8	7.4	70	y	624
10 /	480747800	480919500	171700	0.6	134	81	8.2	7.4	70	y	596
11 /	480919500	481091600	172100	0.8	134	107	8.6	7.4	70	y	598
12 /	481091600	481259000	167400	0.8	138	110	8.4	7.5	70	y	581
13 /	481259000	481427300	168300	0.7	137	96	9.6	7.4	70	y	584
14 /	481427300	481607200	179900	0.8	128	102	8.6	7.5	70	y	625
15 /	481607200	481777800	170600	0.8	135	108	8.7	7.5	70	y	592
16 /	481777800	481949700	171900	0.8	134	107	8.8	7.5	70	y	597
17 /	481949700	482118800	169100	0.7	136	95	8.7	7.4	70	y	587
18 /	482118800	482316000	197200	0.6	117	70	10.8	7.4	70	y	685
19 /	482316000	482476600	160600	0.5	143	72	11.5	7.5	68	y	558
20 /	482476600	482645800	169200	0.5	136	68	9.6	7.4	68	y	588
21 /	482645800	482810300	164500	0.5	140	70	9.0	7.4	68	y	571
22 /	482810300	482979800	169500	0.5	136	68	9.5	7.5	68	y	589
23 /	482979800	483141000	161200	0.5	143	71	9.3	7.4	68	y	560
24 /	483141000	483321300	180300	0.6	128	77	10.6	7.4	68	y	626
25 /	483321300	483489700	168400	0.6	137	82	10.1	7.4	68	y	585
26 /	483489700	483660100	170400	0.6	135	81	10.3	7.3	68	y	592
27 /	483660100	483829600	169500	0.6	136	82	10.1	7.4	68	y	589
28 /	483829600	484000900	171300	0.6	135	81	9.6	7.4	68	y	595
29 /	484000900	484171400	170500	0.6	135	81	9.9	7.4	68	y	592
30 /	484171400	484345300	173900	0.6	132	79	11.2	7.3	70	y	604
31 /											

3 If Cl<sub>2</sub> 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](http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-alt-unfiltered.pdf)

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

dvp.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350