

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

County: Baker
 Month/Year: 21-Jul

System Name: City of Sumpter 4100845 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							0.05
2							0.04
3							0.05
4							0.05
5							0.05
6							0.05
7							0.05
8							0.04
9							0.04
10							0.04
11							0.05
12							0.05
13							0.05
14							0.05
15							0.04
16							0.05
17							0.05
18							0.04
19							0.04
20							0.05
21							0.05
22							0.05
23							0.04
24							0.05
25							0.05
26							0.05
27							0.05
28							0.05
29							0.13
30							0.05
31							0.05

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point \geq 0.2 mg/l?
All daily turbidity readings \leq 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No
Notes: <i>Revised</i>	PRINTED NAME: <i>Levi Tichner</i>		
	SIGNATURE: <i>[Signature]</i>		DATE: <i>9/10/21</i>
	PHONE #: <i>(541) 760-9762</i>		CERT #: <i>T-058878</i>

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 4100845 Month/Year: 21-Jul 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	0.6	65.68	39.4	22.0	7.00	16.2	YES	1218
2	0.6	65.19	39.1	21.0	7.00	17.4	YES	1227
3	0.5	66.77	33.4	19.9	7.10	19.2	YES	1198
4	0.6	71.17	42.7	21.0	7.10	18.0	YES	1124
5	0.4	63.24	25.3	20.1	7.10	18.7	YES	1265
6	0.5	65.14	32.6	20.6	7.00	17.6	YES	1228
7	0.6	68.55	41.1	20.8	7.10	18.3	YES	1167
8	0.6	90.29	54.2	21.0	6.90	16.7	YES	886
9	0.7	86.2	60.3	20.0	7.00	18.8	YES	928
10	0.4	80.4	32.2	20.9	6.90	16.4	YES	995
11	0.6	75.32	45.2	21.5	6.90	16.1	YES	1062
12	0.5	85.01	42.5	21.2	7.00	16.9	YES	941
13	0.7	95.46	66.8	20.9	6.90	17.0	YES	838
14	0.5	64.93	32.5	20.3	7.10	18.7	YES	1232
15	0.4	83.33	33.3	20.3	7.30	19.9	YES	960
16	0.5	88.69	44.3	20.7	6.90	16.9	YES	902
17	0.4	74.48	29.8	20.4	7.10	18.3	YES	1074
18	0.5	86.67	43.3	20.3	7.00	18.0	YES	923
19	0.6	79.52	47.7	20.9	6.90	16.8	YES	1006
20	0.6	88.79	53.3	20.7	6.80	16.4	YES	901
21	0.5	71.81	35.9	21.1	6.90	16.4	YES	1114
22	0.5	85.47	42.7	20.2	6.70	16.2	YES	936
23	0.4	87.14	34.9	19.8	6.70	16.4	YES	918
24	0.4	81.3	32.5	20.7	6.50	14.3	YES	984
25	0.6	85.37	51.2	20.5	6.60	15.4	YES	937
26	0.5	92.69	46.3	20.2	6.60	15.6	YES	863
27	0.6	84.74	50.8	20.6	6.40	14.2	YES	944
28	0.4	85.65	34.3	21.5	6.50	13.5	YES	934
29	0.5	88.88	44.4	21.0	6.80	15.9	YES	900
30	0.5	85.19	42.6	21.4	6.60	14.3	YES	939
31	0.5	80.72	40.4	21.7	6.50	13.5	YES	991

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

Revised July 2018

Return by 10th of following month by email, fax, or mail to:
 dwp.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350