

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

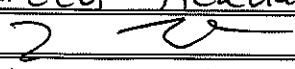
County: Baker
 Month/Year: Aug-21

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							0.06
3							0.06
4							0.05
5							0.05
6							0.05
7							0.05
8							0.05
9							0.05
10							0.05
11							0.05
12							0.05
13							0.05
14							0.05
15							0.05
16							0.05
17							0.05
18							0.05
19							0.05
20							0.05
21							0.05
22							0.05
23							0.05
24							0.05
25							0.05
26							0.05
27							0.05
28							0.05
29							0.05
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 Cl2 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:

PRINTED NAME: Levi Tickner
 SIGNATURE: 
 DATE: 9/9/21
 PHONE #: (541) 760-9362
 CERT #: J-008700

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

System Name:	City of Sumpter	4100845	Month/Year: Aug-21	WTP- : Disinfection <i>Giardia</i> Log Inactiv: 1.0
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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	0.4	85.7	34.3	21.4	6.60	14.2	YES	933.33
2	0.3	95.01	28.5	21.4	6.50	13.5	YES	842.01
3	0.3	84.58	25.4	22.1	6.30	11.9	YES	945.83
4	0.3	85.17	25.6	21.8	6.30	12.1	YES	939.23
5	0.3	88.68	26.6	22.0	6.50	12.9	YES	902.08
6	0.4	84.52	33.8	21.6	6.50	13.5	YES	946.52
7	0.5	85.11	42.6	20.5	6.70	15.8	YES	939.93
8	0.6	84.02	50.4	21.8	6.60	14.1	YES	952.08
9	0.6	90.45	54.3	20.7	6.60	15.2	YES	884.37
10	0.5	86.74	43.4	19.9	6.70	16.5	YES	922.22
11	0.6	87.6	52.6	20.3	6.80	16.9	YES	913.19
12	0.7	85.27	59.7	20.7	6.90	17.3	YES	938.19
13	0.6	86.38	51.8	21.2	6.80	15.9	YES	926.04
14	0.6	86.64	52.0	21.3	6.90	16.4	YES	923.26
15	0.6	80.87	48.5	21.7	6.80	15.3	YES	989.23
16	0.5	107.01	53.5	21.4	6.90	16.1	YES	747.56
17	0.6	96.96	58.2	21.1	7.00	17.2	YES	825
18	0.5	115.66	57.8	20.0	6.70	16.4	YES	691.66
19	0.4	144.9	58.0	19.1	6.90	18.6	YES	552.08
20	0.6	101.67	61.0	17.9	6.90	20.6	YES	786.8
21	0.6	121.13	72.7	19.7	6.80	17.6	YES	660.41
22	0.8	157.37	125.9	19.2	6.80	18.6	YES	508.33
23	0.8	162.48	130.0	19.0	6.90	19.6	YES	492.36
24	0.7	158.35	110.8	18.1	6.90	20.6	YES	505.2
25	0.6	160.55	96.3	18.7	7.00	20.3	YES	498.26
26	0.7	162.02	113.4	18.5	6.90	20.0	YES	493.75
27	0.8	138.29	110.6	18.4	7.20	22.8	YES	578.47
28	0.6	133.95	80.4	18.8	7.00	20.1	YES	597.22
29	1	164.57	164.6	18.8	7.00	21.1	YES	486.11
30	0.7	171.43	120.0	18.1	7.10	22.2	YES	466.66
31	0.8	170.66	136.5	18.3	7.20	23.0	YES	468.75

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