

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

County: baker
 Month/Year: Oct-21

System Name: city of sumpter ID#: 41 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							0.04
2							0.05
3							0.05
4							0.05
5							0.05
6							0.05
7							0.05
8							0.04
9							0.04
10							0.05
11							0.04
12							0.05
13							0.05
14							0.05
15							0.05
16							0.04
17							0.05
18							0.05
19							0.04
20							0.04
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							0.08
30							0.05
31							0.05

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	<input checked="" type="radio"/> Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No	<input checked="" type="radio"/> Yes / No

Notes:

PRINTED NAME: <u>Levi Tucker</u>	
SIGNATURE: <u>[Signature]</u>	DATE: <u>11/9/21</u>
PHONE #: <u>(541) 760-9362</u>	CERT #: <u>T-008780</u>

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 4100845 Month/Year: Oct-21

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	0.8	174.55	139.6	14.6	7.40	31.7	YES	458.3
2	0.8	184.03	147.2	14.8	7.30	30.2	YES	434.7
3	0.7	187.73	131.4	14.9	7.40	30.7	YES	435.41
4	0.7	174.81	122.4	15.5	7.40	29.5	YES	457.63
5	0.7	180.84	126.6	15.2	7.00	26.0	YES	442.36
6	0.7	191.2	133.8	14.8	7.40	30.9	YES	418.4
7	0.7	186.1	130.3	14.7	7.40	31.2	YES	429.86
8	0.8	177.64	142.1	14.4	7.30	31.0	YES	450.34
9	0.8	169.78	135.8	14.4	7.30	31.0	YES	471.18
10	0.6	176.82	106.1	13.9	7.50	33.7	YES	452.43
11	0.6	172.97	103.8	13.9	7.50	33.7	YES	462.5
12	0.7	171.55	120.1	11.9	7.40	37.9	YES	466.31
13	0.6	168.91	101.3	12.5	7.40	35.7	YES	473.61
14	0.7	171.55	120.1	11.7	7.30	37.1	YES	466.31
15	1	169.91	169.9	12.6	7.10	33.2	YES	470.83
16	0.8	166.95	133.6	12.4	7.10	33.5	YES	479.16
17	0.7	182.85	128.0	12.6	7.00	30.9	YES	437.5
18	0.8	176.41	141.1	12.2	7.30	36.3	YES	453.47
19	0.7	170.16	119.1	11.9	7.10	34.2	YES	470.13
20	0.4	169.53	67.8	12.5	7.00	30.1	YES	471.87
21	0.7	162.71	113.9	12.0	7.00	32.8	YES	491.66
22	0.7	152.07	106.4	12.6	7.10	32.1	YES	526.04
23	0.7	161.23	112.9	11.8	6.80	31.1	YES	496.18
24	0.8	186.86	149.5	13.2	6.60	25.9	YES	428.12
25	0.7	182.56	127.8	11.8	6.80	31.1	YES	438.19
26	0.6	162.02	97.2	12.4	6.80	29.6	YES	493.75
27	0.5	192.8	96.4	12.3	6.50	26.7	YES	414.93
28	0.4	196.08	78.4	12.5	6.50	25.0	YES	407.98
29	0.2	198.79	39.8	12.8	6.60	24.8	YES	402.43
30	0.2	185.36	37.1	11.8	6.60	27.6	YES	431.59
31	0.5	202.99	101.5	12.5	6.50	25.2	YES	394.09

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