

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

County: Baker  
 Month/Year: Dec-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 <sup>1</sup> [NTU]
1							0.05
2							0.04
3							0.05
4							0.05
5							0.04
6							0.05
7							0.04
8							0.04
9							0.04
10							0.05
11							0.04
12							0.04
13							0.04
14							0.04
15							0.04
16							0.04
17							0.04
18							0.04
19							0.04
20							0.04
21							0.04
22							0.05
23							0.04
24							0.04
25							0.05
26							0.05
27							0.04
28							0.04
29							0.04
30							0.04
31							0.04

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <input checked="" type="radio"/> Yes / <input type="radio"/> No All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No	
Notes:		PRINTED NAME: <u>Lein Tickner</u> SIGNATURE: <u>[Signature]</u> DATE: <u>1/9/22</u> PHONE #: <u>(541) 760-9322</u> CERT #: <u>7008780</u>	

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

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

System Name: City of Sumpter ID#: 41 4100845 Month/Year: Dec-21

Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.8	177.1	141.7	8.5	6.50	35.0	YES	451.7
2	0.8	180.9	144.7	9.0	6.60	35.1	YES	442
3	0.7	175.2	122.6	8.8	6.40	32.8	YES	456.5
4	0.8	171.5	137.2	8.1	6.30	33.6	YES	466.3
5	1	194.7	194.7	9.6	6.40	32.2	YES	410.7
6	1	177.1	177.1	8.5	6.40	34.6	YES	451.7
7	0.6	177.6	106.6	10.9	6.40	28.5	YES	456.7
8	0.8	183.4	146.7	10.0	6.30	29.8	YES	436.1
9	0.8	177.9	142.3	9.6	6.30	30.5	YES	449.6
10	0.8	178	142.4	9.2	6.30	31.3	YES	449.3
11	0.8	153.7	123.0	9.4	6.50	33.1	YES	520.4
12	0.8	217.5	174.0	8.9	6.50	34.1	YES	367.7
13	0.8	174.4	139.5	8.8	6.40	33.2	YES	458.6
14	0.8	194.5	155.6	11.7	6.40	27.7	YES	411.1
15	0.8	168.4	134.7	9.2	6.50	33.5	YES	475
16	0.8	184.3	147.4	8.3	6.60	36.7	YES	434
17	1	166.2	166.2	8.8	6.50	35.1	YES	481.2
18	0.7	177.5	124.3	9.7	6.30	30.0	YES	450.6
19	0.8	180.4	144.3	9.8	6.50	32.2	YES	443.4
20	0.8	176.7	141.4	9.3	6.30	31.1	YES	452.7
21	0.8	177.1	141.7	8.6	6.50	34.8	YES	451.7
22	1	176.8	176.8	7.9	6.30	34.7	YES	452.4
23	1	174.8	174.8	8.3	6.40	35.0	YES	457.6
24	1	174.9	174.9	8.8	6.40	33.9	YES	457.2
25	0.8	190.9	152.7	9.1	6.50	33.7	YES	419
26	0.8	175.4	140.3	8.2	6.50	35.7	YES	455.9
27	0.8	177.2	141.8	7.5	6.50	37.3	YES	451.3
28	0.8	173.9	139.1	7.7	6.50	36.9	YES	460
29	0.8	178.4	142.7	7.2	6.60	39.4	YES	448.2
30	0.8	161.5	129.2	6.7	6.70	42.2	YES	495.1
31	0.8	163.6	130.9	6.6	6.50	39.6	YES	448.8

<sup>3</sup> If Cl<sub>2</sub> 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