

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

County: Baker  
 Month/Year: 22-Jan

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 <sup>1</sup> [NTU]
1							0.04
2							0.04
3							0.04
4							0.04
5							0.04
6							0.04
7							0.05
8							0.06
9							0.05
10							0.04
11							0.04
12							0.04
13							0.04
14							0.05
15							0.04
16							0.04
17							0.05
18							0.05
19							0.05
20							0.04
21							0.04
22							0.04
23							0.04
24							0.05
25							0.05
26							0.06
27							0.13
28							0.08
29							0.05
30							0.05
31							0.04

**Slow Sand/Membrane/DE Filtration/Unfiltered**

95% of daily turbidity readings ≤ 1 NTU?  Yes /  No

All daily turbidity readings ≤ 5 NTU?  Yes /  No


**Monthly Summary (Answer Yes or No)**

CT's met everyday? (see back)  Yes /  No

All Cl<sub>2</sub> residual at entry point ≥ 0.2 mg/l?  Yes /  No

Notes:

PRINTED NAME: Levi Tickner

SIGNATURE: 

DATE: 2/8/22

PHONE #: (541) 762-9363

CERT #: T008780

<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

4100845

02/22

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	144.5	115.6	7.5	6.60	38.7	YES	553.3
2	0.8	153.9	123.1	5.7	6.70	45.0	YES	519.7
3	0.8	133.5	106.8	6.0	6.80	45.7	YES	598.9
4	0.8	116.5	93.2	7.9	6.70	39.0	YES	686.4
5	0.8	203.3	162.6	7.6	6.60	38.4	YES	393.4
6	0.8	89.3	71.4	8.7	6.40	33.4	YES	895.1
7	0.7	126.1	88.3	10.2	6.50	31.1	YES	634.3
8	0.7	126.3	88.4	9.7	6.40	31.0	YES	633.3
9	0.8	153.1	122.5	8.6	6.50	34.8	YES	522.2
10	0.8	139.3	111.4	8.4	6.60	36.5	YES	573.9
11	1	136.4	136.4	8.2	6.70	39.1	YES	586.1
12	1	142.8	142.8	9.2	6.80	37.9	YES	560
13	1	134.4	134.4	10.4	6.40	30.7	YES	595.1
14	1	138.7	138.7	7.9	6.80	41.3	YES	576.7
15	1	132.4	132.4	7.6	6.40	36.6	YES	604.1
16	1	152.9	152.9	7.6	6.40	36.6	YES	523.2
17	0.8	104.1	83.3	8.9	6.60	35.3	YES	768.4
18	0.8	133.2	106.6	9.0	6.70	36.3	YES	600.3
19	0.8	137.4	109.9	9.1	6.50	33.7	YES	582.2
20	0.8	132	105.6	8.6	6.70	37.3	YES	605.9
21	0.8	132.7	106.2	9.3	6.70	35.6	YES	602.7
22	0.7	135.9	95.1	8.9	6.40	32.6	YES	588.5
23	0.8	101.6	81.3	8.9	6.80	37.8	YES	786.8
24	0.6	201.3	120.8	8.9	6.60	34.5	YES	393.4
25	0.4	144.6	57.8	9.0	6.40	31.4	YES	553.1
26	0.5	121.3	60.7	9.0	6.40	31.7	YES	659.3
27	0.5	72.8	36.4	9.0	6.40	31.7	YES	1098.2
28	0.4	137.1	54.8	9.3	6.70	34.1	YES	583.3
29	1	124.5	124.5	8.6	6.70	38.1	YES	642.3
30	1	132.7	132.7	8.9	6.70	37.4	YES	602.7
31	1.2	126.1	151.3	9.5	6.60	35.5	YES	634

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