

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

County: baker
 Month/Year: Feb-22

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							0.04
3							0.04
4							0.04
5							0.04
6							0.04
7							0.04
8							0.05
9							0.05
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							0.05
20							0.05
21							0.04
22							0.04
23							0.07
24							0.09
25							0.06
26							0.07
27							0.05
28							0.04
29							
30							
31							

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 Tickner</u>	
		SIGNATURE: <u>[Signature]</u>	DATE: <u>2/8/22</u>
		PHONE #: <u>(501) 760-9362</u>	CERT #: <u>8780</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: Feb-22

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	1	138.6	138.6	8.9	6.50	34.9	YES	577
2	1	126.9	126.9	8.9	6.40	33.7	YES	630.2
3	0.8	134	107.2	9.2	6.50	33.5	YES	596.8
4	0.8	128.1	102.5	8.5	6.70	37.5	YES	624.3
5	0.7	129.5	90.7	9.7	6.50	32.1	YES	617.3
6	0.8	131.6	105.3	8.8	6.70	36.8	YES	607.6
7	0.6	88.6	53.2	9.1	6.70	35.3	YES	902.4
8	0.8	122.5	98.0	9.2	6.70	35.8	YES	652.7
9	0.8	137.4	109.9	8.7	6.70	37.0	YES	581.9
10	0.7	125.8	88.1	8.5	6.70	37.1	YES	635.7
11	0.8	134.3	107.4	7.9	6.70	39.0	YES	595.4
12	0.6	124.3	74.6	9.4	6.70	34.6	YES	643.4
13	0.8	146.7	117.4	9.0	6.70	36.3	YES	545.1
14	0.7	122	85.4	8.8	7.00	40.4	YES	655.5
15	0.8	142	113.6	9.2	6.80	37.1	YES	563.1
16	0.8	134.2	107.4	9.1	7.10	41.4	YES	595.8
17	0.8	135.3	108.2	9.1	7.20	42.9	YES	590.9
18	0.8	120.5	96.4	9.8	7.10	39.6	YES	663.5
19	0.8	140.2	112.2	9.8	7.00	38.2	YES	570.4
20	0.8	136.9	109.5	9.9	7.10	39.3	YES	584.3
21	1	185.2	185.2	9.2	7.10	42.1	YES	431.9
22	0.8	132	105.6	9.1	7.20	42.9	YES	605.9
23	0.8	81.2	65.0	9.1	7.20	42.9	YES	984.3
24	0.9	120.6	108.5	9.8	7.10	40.0	YES	663.1
25	0.8	109.5	87.6	9.2	7.10	41.2	YES	730.2
26	0.8	122.8	98.2	8.1	7.20	45.8	YES	651.3
27	0.8	133.7	107.0	8.9	7.10	42.0	YES	598.2
28	0.8	78.8	63.0	8.6	7.10	42.8	YES	1014.9
29								
30								
31								

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