

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

County: baker
 Month/Year: Mar-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							0.05
2							0.06
3							0.05
4							0.06
5							0.06
6							0.05
7							0.05
8							0.05
9							0.06
10							0.04
11							0.08
12							0.06
13							0.04
14							0.04
15							0.07
16							0.06
17							0.05
18							0.04
19							0.00
20							0.05
21							0.05
22							0.05
23							0.06
24							0.05
25							0.05
26							0.06
27							0.07
28							0.06
29							0.08
30							0.11
31							0.08

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 / <input type="radio"/> 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 / <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: <u>Levi Tidener</u>		
	SIGNATURE: <u>[Signature]</u>		DATE: <u>4/8/22</u>
	PHONE #: <u>(541) 760-9362</u>		CERT #: <u>T008780</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: Mar-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	128.5	128.5	9.4	7.10	41.6	YES	622.2
2	0.8	132.5	106.0	8.9	7.10	42.0	YES	603.4
3	1	75.2	75.2	8.9	7.10	42.9	YES	1063.8
4	0.8	139.9	111.9	9.1	7.10	41.4	YES	571.5
5	1	102.1	102.1	8.1	7.20	46.9	YES	783.3
6	0.8	139.2	111.4	9.8	7.20	41.0	YES	574.6
7	0.8	74.8	59.8	8.6	7.10	42.8	YES	1064
8	0.8	135.2	108.2	9.1	7.10	41.4	YES	591.3
9	0.8	173.1	138.5	8.9	7.20	43.5	YES	462.1
10	0.7	77	53.9	8.4	7.10	42.9	YES	1037.8
11	0.8	140.1	112.1	8.4	7.10	43.4	YES	566.6
12	0.8	124.4	99.5	9.1	7.10	41.4	YES	643
13	0.8	139.6	111.7	8.9	7.20	43.5	YES	572.9
14	0.8	70.2	56.2	9.8	7.10	39.6	YES	1138.1
15	0.8	143.2	114.6	8.4	7.20	44.9	YES	558.6
16	0.8	129.5	103.6	9.5	7.10	40.4	YES	617.3
17	0.8	137.8	110.2	8.8	7.00	40.8	YES	580.5
18	0.8	71.7	57.4	9.6	7.20	41.5	YES	1115.2
19	0.6	131.5	78.9	10.5	7.10	37.0	YES	608.3
20	0.8	145	116.0	9.9	7.10	39.3	YES	551.7
21	0.8	131.3	105.0	9.6	7.10	40.1	YES	609
22	0.7	75	52.5	9.4	7.10	40.2	YES	1065.9
23	1	72.1	72.1	9.6	7.10	41.0	YES	1109.3
24	0.8	115.3	92.2	9.8	7.10	39.6	YES	693.7
25	0.8	71.4	57.1	9.8	7.10	39.6	YES	1119
26	0.6	135.8	81.5	10.8	7.10	36.3	YES	588.8
27	0.8	134.9	107.9	10.6	7.00	36.3	YES	593
28	0.6	75.7	45.4	10.8	7.10	36.3	YES	1056.2
29	0.8	129.3	103.4	11.1	7.10	36.4	YES	618.7
30	0.7	146.8	102.8	11.0	7.10	36.2	YES	544.7
31	0.6	126.4	75.8	11.5	7.10	34.7	YES	632.6

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