

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

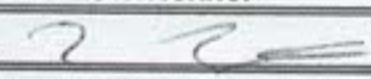
County: Baker  
 Month/Year: Apr-22

System Name: City of Sumpter ID#: 41 00845 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			0.07				0.07
2			0.09				0.09
3			0.08				0.08
4			0.07				0.07
5			0.16				0.16
6			0.14				0.14
7			0.30				0.30
8			0.15				0.15
9			0.15				0.15
10			0.15				0.15
11			0.15				0.15
12			0.31				0.31
13			0.27				0.27
14			0.32				0.32
15			0.16				0.16
16			0.33				0.33
17			0.15				0.15
18			0.34				0.34
19			0.16				0.16
20			0.19				0.19
21			0.14				0.14
22			0.17				0.17
23			0.24				0.24
24			0.16				0.16
25			0.17				0.17
26			0.17				0.17
27			0.18				0.18
28			0.29				0.29
29			0.17				0.17
30			0.14				0.14
31							

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup> <b>Yes</b>	CT's met everyday? (see back) <b>Yes</b>	All Cl <sub>2</sub> residual at entry point $\geq$ 0.2 mg/l? <b>Yes</b>
All daily turbidity readings $\leq$ 5 NTU? <b>Yes</b>		

Notes:

PRINTED NAME: Levi Tickner  
 SIGNATURE:   
 PHONE #: ( 541 ) 760-9362  
 DATE: 5/9/2022  
 CERT #: T-008780

<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.



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WTP- :  
 Disinfection *Giardia* Log  
 Inactiv: 1.0

System Name: City of Sumpter ID#: 41 00845 Month/Year: Apr-22

Date / Time	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	0.6	102.4	61.4	11.0	7.10	35.8	YES	781.2
2	0.7	134.98	94.5	10.8	7.10	36.7	YES	592.7
3	0.8	141	112.8	11.1	7.00	35.2	YES	567.3
4	0.6	134.6	80.8	11.0	7.10	35.8	YES	594
5	0.6	138.3	83.0	10.9	7.00	34.8	YES	578.4
6	0.6	81.6	49.0	10.8	7.00	35.1	YES	979.8
7	0.6	148.6	89.2	11.0	6.90	33.5	YES	538.1
8	0.8	129.9	103.9	11.2	7.00	34.9	YES	615.6
9	0.6	134.6	80.8	11.6	6.90	32.2	YES	594
10	0.8	141.4	113.1	10.5	7.10	37.8	YES	565.6
11	0.8	74.7	59.8	10.1	7.10	38.8	YES	1072.1
12	0.8	150.1	120.1	10.0	7.10	39.1	YES	532.6
13	0.8	93.7	75.0	10.2	7.10	38.6	YES	853.1
14	0.8	115.1	92.1	10.2	7.10	38.6	YES	694.9
15	0.8	99.9	79.9	10.1	7.00	37.5	YES	800.3
16	0.7	122.1	85.5	10.0	7.00	37.3	YES	654.8
17	0.8	89.2	71.4	10.5	7.00	36.5	YES	896.8
18	0.8	114.8	91.8	10.5	7.00	36.5	YES	696.5
19	0.7	134.3	94.0	10.2	7.00	36.8	YES	594.4
20	0.8	127.9	102.3	10.5	6.90	35.3	YES	625.3
21	0.7	145.8	102.1	9.8	7.00	37.8	YES	548.6
22	0.8	75.4	60.3	10.5	6.90	35.3	YES	1060
23	0.8	131.7	105.4	10.7	6.90	34.9	YES	607.2
24	0.8	130.6	104.5	10.9	6.80	33.3	YES	612.1
25	0.8	144	115.2	11.9	6.70	30.2	YES	555.2
26	0.6	138.3	83.0	12.1	6.70	29.2	YES	578.1
27	0.6	73.7	44.2	12.6	6.90	29.4	YES	1085
28	0.8	139.8	111.8	11.3	6.70	31.4	YES	596.5
29	0.8	139.8	111.8	11.3	6.70	31.4	YES	572.2
30	0.8	132.6	106.1	11.3	6.70	31.4	YES	603.1
31								

<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