

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

County: Baker
 Month/Year: May-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							0.05
3							0.05
4							0.05
5							0.05
6							0.06
7							0.06
8							0.16
9							0.08
10							0.08
11							0.07
12							0.07
13							0.06
14							0.05
15							0.06
16							0.06
17							0.06
18							0.06
19							0.06
20							0.06
21							0.06
22							0.06
23							0.06
24							0.06
25							0.06
26							0.06
27							0.06
28							0.07
29							0.07
30							0.07
31							0.06

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point \geq 0.2 mg/l?
All daily turbidity readings \leq 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: <i>Levi Tickner</i>	
		SIGNATURE: <i>[Signature]</i>	DATE: <i>6/10/22</i>
		PHONE #: <i>(541) 760-9262</i>	CERT #: <i>F-C08780</i>

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: May-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	0.8	150.6	120.5	12.0	6.60	29.0	YES	530.9
2	0.8	138.6	110.9	11.1	6.60	30.7	YES	577
3	0.8	133.2	106.6	11.5	6.60	29.9	YES	600.3
4	0.8	150.3	120.2	11.6	6.50	28.8	YES	532.2
5	0.6	220.6	132.4	11.9	6.70	29.6	YES	362.5
6	0.6	220.9	132.5	12.9	6.60	25.8	YES	362.1
7	0.6	63.1	37.9	11.5	6.60	29.3	YES	1267.3
8	0.6	145.1	87.1	12.7	6.60	26.2	YES	551.3
9	0.6	143.1	85.9	11.8	6.60	28.8	YES	559
10	0.6	141.6	85.0	12.3	6.70	28.8	YES	564.9
11	0.5	136.2	68.1	10.9	6.70	31.1	YES	587.1
12	0.4	142.2	56.9	10.7	6.70	31.2	YES	562.5
13	0.8	133.8	107.0	12.0	6.70	30.0	YES	597.9
14	0.7	134.3	94.0	11.6	6.90	32.6	YES	595.4
15	1	151	151.0	12.0	6.90	32.8	YES	529.8
16	1	137.1	137.1	12.2	6.90	32.4	YES	583.3
17	0.8	139.4	111.5	14.1	6.90	27.2	YES	573.6
18	0.7	139.8	97.9	12.8	6.90	29.4	YES	572.2
19	0.7	144.9	101.4	12.6	6.90	29.8	YES	552
20	0.7	140	98.0	12.8	7.00	30.5	YES	571.1
21	0.7	132.4	92.7	12.6	7.00	30.9	YES	604.1
22	0.8	147.9	118.3	12.9	6.90	29.5	YES	540.9
23	0.7	135	94.5	12.9	6.90	29.2	YES	592.3
24	0.8	142.3	113.8	12.8	6.90	29.7	YES	561.8
25	0.6	134.5	80.7	12.4	6.90	30.6	YES	594.4
26	0.4	153.1	61.2	14.0	6.80	25.2	YES	522.5
27	0.4	133.2	53.3	13.2	6.90	27.6	YES	600.3
28	0.7	140.4	98.3	12.8	6.90	29.4	YES	569.7
29	0.8	138.3	110.6	13.3	6.90	28.7	YES	578.4
30	0.4	144.5	57.8	13.2	6.90	27.6	YES	553.4
31	0.4	131.2	52.5	13.1	6.90	27.8	YES	609.7

³ If Cl₂ 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