

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

County: Baker
 Month/Year: Jun-22

System Name:	City of Sumpter	4100854					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							0.06
2							0.06
3							0.06
4							0.07
5							0.06
6							0.07
7							0.07
8							0.07
9							0.08
10							0.07
11							0.06
12							0.07
13							0.07
14							0.07
15							0.06
16							0.07
17							0.06
18							0.06
19							0.06
20							0.06
21							0.06
22							0.12
23							0.06
24							0.06
25							0.06
26							0.05
27							0.06
28							0.06
29							0.05
30							0.06
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	Yes/No <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: <i>Levi Tickner</i>	
		SIGNATURE: <i>[Signature]</i>	DATE: <i>7/5/22</i>
		PHONE #: <i>(541) 760-9762</i>	CERT #: <i>T.08780</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 4100854

Month/Year: Jun-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	145.8	116.6	14.3	6.80	25.9	YES	548.6
2	0.8	143.2	114.6	14.1	6.80	26.2	YES	558.3
3	0.8	143.1	114.5	14.2	6.70	25.1	YES	559
4	0.6	145.3	87.2	14.6	6.70	23.9	YES	550.3
5	0.8	137.4	109.9	14.5	6.60	23.7	YES	582.2
6	1	146.1	146.1	14.1	6.70	25.9	YES	547.9
7	0.7	157.2	110.0	14.1	6.70	25.0	YES	547.2
8	0.4	150.8	60.3	14.7	6.60	22.3	YES	530.8
9	0.4	147.1	58.8	14.8	6.60	22.2	YES	543.7
10	0.7	166	116.2	14.9	6.50	22.0	YES	481.9
11	0.7	151.2	105.8	14.1	6.50	22.2	YES	528.8
12	0.7	142.1	99.5	15.2	6.50	21.5	YES	562.8
13	0.7	152.2	106.5	14.6	6.50	22.4	YES	525.3
14	0.8	145.1	116.1	14.9	6.50	22.2	YES	551
15	0.8	150.4	120.3	12.9	6.60	26.4	YES	531.9
16	0.6	84	50.4	14.5	6.40	21.5	YES	951.7
17	0.7	156.7	109.7	15.4	6.40	20.5	YES	510.4
18	0.7	150.4	105.3	14.7	6.40	21.5	YES	531.9
19	0.7	159.1	111.4	15.7	6.40	20.1	YES	502.7
20	0.8	80.7	64.6	14.7	6.60	23.4	YES	990.6
21	0.5	89	44.5	15.4	6.50	20.8	YES	987.8
22	0.5	156.8	78.4	16.3	6.60	20.3	YES	510
23	0.6	157.7	94.6	16.1	6.50	20.0	YES	507.2
24	0.6	78	46.8	16.1	6.50	20.0	YES	1025
25	0.4	81.5	32.6	15.8	6.60	20.7	YES	980.9
26	0.3	93.8	28.1	15.9	6.50	19.6	YES	852.7
27	0.4	140.5	56.2	17.0	6.70	19.9	YES	569
28	0.4	77.6	31.0	15.3	6.60	21.5	YES	1030.2
29	0.4	162.5	65.0	15.9	6.60	20.6	YES	492.3
30	0.4	76.8	30.7	17.5	6.50	17.8	YES	1041.3
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.dnce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350