


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

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

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<b>Yes</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>

Notes:	PRINTED NAME: <b>Levi Tickner</b>	
	SIGNATURE: 	DATE: <b>9/10/2022</b>
	PHONE #: ( <b>541</b> ) <b>760-9362</b>	CERT #: <b>T-008780</b>

<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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :

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

Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	Minimum 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	0.4	80.5	32.2	21.5	6.50	13.5	YES	993.7
2	0.3	78.4	23.5	21.5	6.70	14.4	YES	1019.7
3	0.4	77.4	31.0	20.1	6.40	14.4	YES	1032.6
4	0.3	76	22.8	20.3	6.60	15.1	YES	1052.4
5	0.4	77.5	31.0	20.5	6.60	15.1	YES	1032.2
6	0.4	77.9	31.2	21.0	6.50	14.0	YES	1026.3
7	0.4	73.4	29.4	19.4	6.50	15.6	YES	1088.5
8	0.4	86	34.4	20.1	6.60	15.5	YES	929.8
9	0.5	123.8	61.9	20.4	6.70	15.9	YES	645.8
10	0.6	75.5	45.3	21.1	6.60	14.8	YES	1059.3
11	0.6	76.9	46.1	20.8	6.60	15.1	YES	1039.9
12	0.5	81.6	40.8	20.7	6.40	13.9	YES	980.2
13	0.4	73.6	29.4	19.9	6.30	14.0	YES	1085.7
14	0.4	78	31.2	20.7	6.30	13.3	YES	1025.3
15	0.4	74.5	29.8	21.7	6.30	12.4	YES	1073.2
16	0.4	109.5	43.8	21.7	6.30	12.4	YES	730.2
17	0.5	78.6	39.3	22.5	6.50	12.8	YES	1017.3
18	0.4	104.9	42.0	19.1	6.50	16.0	YES	556.9
19	0.4	59.1	23.6	20.6	6.70	15.6	YES	989.2
20	0.4	55.7	22.3	20.6	6.70	15.6	YES	1048.9
21	0.6	59.9	35.9	20.8	6.80	16.3	YES	976.4
22	0.6	56.6	34.0	20.9	6.90	16.8	YES	1032.9
23	0.4	89.38	35.8	21.4	7.00	16.5	YES	654.2
24	0.6	77.18	46.3	20.3	6.70	16.2	YES	757.6
25	0.5	72.65	36.3	21.1	6.60	14.6	YES	804.9
26	0.5	79.47	39.7	20.6	6.70	15.7	YES	735.8
27	0.4	62.65	25.1	20.7	6.80	16.0	YES	933.3
28	0.4	110.6	44.2	19.7	6.80	17.2	YES	528.5
29	0.4	62.21	24.9	18.8	6.80	18.3	YES	939.9
30	0.3	65.71	19.7	20.4	6.80	16.2	YES	889.9
31	0.4	130.75	52.3	20.1	6.70	16.1	YES	447.2

<sup>3</sup> If Cl<sub>2</sub> 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