


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

County: Baker  
 Month/Year: January

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			0.08				0.08
2			0.08				0.08
3			0.07				0.07
4			0.07				0.07
5			0.07				0.07
6			0.07				0.07
7			0.07				0.07
8			0.07				0.07
9			0.07				0.07
10			0.06				0.06
11			0.07				0.07
12			0.07				0.07
13			0.06				0.06
14			0.06				0.06
15			0.06				0.06
16			0.06				0.06
17			0.06				0.06
18			0.06				0.06
19			0.06				0.06
20			0.07				0.07
21			0.08				0.08
22			0.07				0.07
23			0.07				0.07
24			0.06				0.06
25			0.06				0.06
26			0.07				0.07
27			0.06				0.06
28			0.07				0.07
29			0.06				0.06
30			0.06				0.06
31			0.06				0.06

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b> 95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <b>Yes</b> All daily turbidity readings ≤ 5 NTU? <b>Yes</b>		<b>Monthly Summary (Answer Yes or No)</b> CT's met everyday? (see back) <b>Yes</b> All Cl2 residual at entry point ≥ 0.2 mg/l? <b>Yes</b>	
<b>Notes:</b> _____ _____		PRINTED NAME: Levi Tickner SIGNATURE:  PHONE #: ( 541 ) 760-9362 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.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :  
 Disinfection *Giardia* Log  
 Inactiv: 1.0

System Name: City of Sumpter ID#: 41 00845 Month/Year: Jan-23

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	120	48.0	16.2	7.10	24.4	YES	389
2	0.4	120	48.0	16.2	7.10	24.4	YES	389
3	0.3	120	36.0	16.5	7.20	24.5	YES	389
4	0.4	120	48.0	15.9	7.30	26.8	YES	389
5	0.3	120	36.0	15.8	7.30	26.6	YES	389
6	0.3	120	36.0	15.9	7.20	25.5	YES	389
7	0.4	120	48.0	16.0	7.20	25.6	YES	389
8	0.4	120	48.0	16.0	7.20	25.6	YES	389
9	0.3	120	36.0	16.1	7.00	23.3	YES	389
10	0.3	120	36.0	17.0	7.20	23.7	YES	389
11	0.4	120	48.0	17.2	7.40	25.5	YES	389
12	0.5	120	60.0	18.0	7.30	23.5	YES	389
13	0.5	120	60.0	17.7	7.40	24.9	YES	389
14	0.5	120	60.0	17.8	7.20	23.0	YES	389
15	0.5	120	60.0	17.8	7.20	23.0	YES	389
16	0.6	120	72.0	18.2	7.20	22.6	YES	389
17	0.6	120	72.0	18.3	7.30	23.3	YES	389
18	0.4	120	48.0	18.1	7.30	23.1	YES	389
19	0.5	120	60.0	18.1	7.30	23.4	YES	389
20	0.4	120	48.0	18.6	7.30	22.3	YES	389
21	0.4	120	48.0	18.9	7.30	21.9	YES	389
22	0.4	120	48.0	19.0	7.30	21.7	YES	389
23	0.4	120	48.0	19.1	7.30	21.6	YES	389
24	0.4	120	48.0	19.1	7.40	22.4	YES	389
25	0.4	120	48.0	19.2	7.40	22.3	YES	389
26	0.5	120	60.0	19.3	7.40	22.4	YES	389
27	0.5	120	60.0	19.4	7.40	22.2	YES	389
28	0.4	120	48.0	19.7	7.20	20.0	YES	389
29	0.4	120	48.0	19.2	7.40	22.3	YES	389
30	0.4	120	48.0	19.3	7.40	22.1	YES	389
31	0.4	120	48.0	19.2	7.40	22.3	YES	389

<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