


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

County: Baker  
 Month/Year: Nov-23

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			0.06				0.06
2			0.06				0.06
3			0.06				0.06
4			0.07				0.07
5			0.07				0.07
6			0.11				0.11
7			0.11				0.11
8			0.09				0.09
9			0.08				0.08
10			0.07				0.07
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			0.10				0.10
22			0.06				0.06
23			0.07				0.07
24			0.06				0.06
25			0.06				0.06
26			0.06				0.06
27			0.06				0.06
28			0.05				0.06
29			0.06				0.07
30			0.06				0.06
31							

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

Notes:	PRINTED NAME: Levi Tickner	
	SIGNATURE: 	Dec. 8, 2023
	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- :

System Name: City of Sumpter

ID#: 41

00845

Month/Year: Nov-23

Disinfection Giardia Log

Inactly:

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	150	60.0	11.6	8.10	47.7	YES	389
2	0.5	150	75.0	11.1	8.00	48.2	YES	389
3	0.6	150	90.0	11.7	8.10	48.5	YES	389
4	0.6	150	90.0	10.1	7.80	48.5	YES	389
5	0.5	150	75.0	11.6	7.70	41.9	YES	389
6	0.35	150	52.5	10.4	7.80	46.2	YES	389
7	0.4	150	60.0	10.2	7.70	45.5	YES	389
8	0.35	150	52.5	10.5	7.80	45.9	YES	389
9	0.5	150	75.0	10.3	7.80	47.3	YES	389
10	0.4	150	60.0	10.0	8.10	53.1	YES	389
11	0.5	150	75.0	11.0	7.80	45.2	YES	389
12	0.35	150	52.5	10.2	7.80	46.8	YES	389
13	0.35	150	52.5	10.7	7.90	46.9	YES	389
14	0.8	150	120.0	10.6	7.80	48.0	YES	389
15	0.6	150	90.0	10.0	7.70	47.1	YES	389
16	0.8	150	120.0	10.0	7.80	50.0	YES	389
17	0.6	150	90.0	10.0	7.90	50.6	YES	389
18	0.6	150	90.0	9.9	7.70	47.5	YES	389
19	0.7	150	105.0	10.0	7.70	47.7	YES	389
20	0.5	150	75.0	10.1	7.80	48.0	YES	389
21	0.4	150	60.0	11.0	7.70	43.1	YES	389
22	0.5	150	75.0	10.6	7.80	46.4	YES	389
23	0.6	150	90.0	10.0	7.80	48.8	YES	389
24	0.6	150	90.0	9.9	7.90	51.0	YES	389
25	0.6	150	90.0	9.8	7.80	49.5	YES	389
26	0.6	150	90.0	9.5	7.90	52.3	YES	389
27	0.4	150	60.0	9.9	7.90	49.8	YES	389
28	0.5	150	75.0	9.2	7.80	50.9	YES	389
29	0.6	150	90.0	9.7	7.70	48.1	YES	389
30	0.5	150	75.0	9.6	7.70	47.9	YES	389
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