

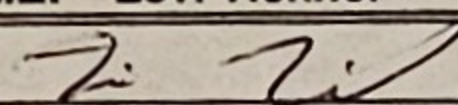
OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Baker  
 Month/Year: Nov-24

System Name: City of Sumpter ID#: 41 00815 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			0.45				0.45
2			0.44				0.44
3			0.44				0.44
4			0.45				0.45
5			0.45				0.45
6			0.46				0.46
7			0.45				0.45
8			0.45				0.45
9			0.45				0.45
10			0.06				0.06
11			0.06				0.06
12			0.05				0.05
13			0.05				0.05
14			0.05				0.05
15			0.05				0.05
16			0.06				0.06
17			0.05				0.05
18			0.05				0.05
19			0.05				0.05
20			0.06				0.06
21			0.05				0.05
22			0.05				0.05
23			0.05				0.05
24			0.06				0.06
25			0.06				0.06
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							

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>			
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	Yes	CT's met everyday? (see back)	Yes
All daily turbidity readings ≤ 5 NTU?	Yes		

<b>Notes:</b>	PRINTED NAME: Levi Tickner	
	SIGNATURE: 	DATE: 12/9/2024
	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 00615 Month/Year: Nov-24

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	0.5	150	75.0	10.4	7.10	36.8	YES	389
2	0.6	150	90.0	10.2	7.10	37.7	YES	389
3	0.6	150	90.0	10.1	7.10	38.0	YES	389
4	0.6	150	90.0	10.4	7.10	37.2	YES	389
5	0.6	150	90.0	10.3	7.10	37.5	YES	389
6	0.6	150	90.0	9.5	6.70	34.4	YES	389
7	0.6	150	90.0	9.4	7.00	38.4	YES	389
8	0.6	150	90.0	9.5	7.00	38.1	YES	389
9	0.6	150	90.0	9.5	7.00	38.1	YES	389
10	0.6	150	90.0	9.6	7.00	37.9	YES	389
11	0.5	150	75.0	9.6	7.00	37.5	YES	389
12	0.5	150	75.0	9.3	7.10	39.5	YES	389
13	0.5	150	75.0	9.3	7.00	38.2	YES	389
14	0.6	150	90.0	9.3	7.00	38.6	YES	389
15	0.5	150	75.0	9.2	7.00	38.5	YES	389
16	0.5	150	75.0	9.1	7.00	38.7	YES	389
17	0.5	150	75.0	9.0	7.00	39.0	YES	389
18	0.5	150	75.0	9.0	7.00	39.0	YES	389
19	0.5	150	75.0	9.0	7.10	40.3	YES	389
20	0.7	150	105.0	8.8	7.00	40.4	YES	389
21	0.7	150	105.0	8.9	7.00	40.1	YES	389
22	0.7	150	105.0	8.9	7.00	40.1	YES	389
23	0.6	150	90.0	9.0	7.00	39.4	YES	389
24	0.5	150	75.0	8.4	7.10	41.9	YES	389
25	0.5	150	75.0	8.4	7.10	41.9	YES	389
26	0.4	150	60.0	8.8	7.10	40.4	YES	389
27	0.4	150	60.0	8.7	7.10	40.7	YES	389
28	0.7	150	105.0	8.6	7.10	42.3	YES	389
29	0.8	150	120.0	7.9	7.00	43.3	YES	389
30	0.7	150	105.0	7.9	7.00	42.8	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