

OHA - Drinking Water Services - Surface Water Quality Data Form
Unfiltered System

County: **Grant**
 Month/Year: **23-Jun**
 WTP : TP - **A**

System Name: **Canyon City** ID#: **41 00165**

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							0.08
2							0.09
3							0.10
4							0.08
5							0.08
6							0.10
7							0.09
8							0.08
9							0.12
10							0.10
11							0.11
12							0.09
13							0.09
14							0.09
15							0.10
16							0.09
17							0.10
18							0.10
19							0.11
20							0.09
21							0.08
22							0.11
23							0.09
24							0.11
25							0.10
26							0.09
27							0.10
28							0.08
29							0.08
30							0.09
31							

Unfiltered		Monthly Summary (Answer Yes or No)	
All daily turbidity readings ≤ 5 NTU? Yes / No		CT's met everyday? (see back) Yes / No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No

Notes:	Tim Madden
	SIGNATURE: _____ May-23
	PHONE #: () CERT #: _____

¹ One reading per day allowed.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :A

System Name: Canyon City ID#: 41 00165 Month/Year: 23-Jun Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T) (79 or 106)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	minutes	C X T	[° C]		table/formula	Yes / No	[GPM]
1	0.84	79	66.4	14.3	9.30	65.3	YES	
2	0.82	79	64.8	14.3	9.20	62.9	YES	
3	0.81	79	64.0	14.5	9.20	62.0	YES	
4	0.85	79	67.2	17.0	9.30	54.8	YES	
5	0.77	79	60.8	15.4	9.20	58.1	YES	
6	0.82	79	64.8	15.4	9.40	62.9	YES	
7	0.81	79	64.0	16.4	9.20	54.7	YES	
8	0.83	79	65.6	15.5	9.10	56.1	YES	
9	0.87	79	68.7	15.5	9.60	67.6	YES	
10	0.81	79	64.0	15.2	9.40	63.7	YES	
11	0.8	79	63.2	16.7	9.10	51.6	YES	
12	0.81	79	64.0	14.8	9.30	63.0	YES	
13	0.93	79	73.5	17.2	9.20	52.6	YES	
14	0.95	79	75.1	14.5	8.70	52.4	YES	
15	0.9	79	71.1	14.0	9.20	64.7	YES	
16	0.84	79	66.4	13.9	9.20	64.7	YES	
17	0.79	79	62.4	17.4	9.40	55.0	YES	
18	0.82	79	64.8	17.6	9.30	52.5	YES	
19	0.78	79	61.6	15.9	9.40	60.6	YES	
20	0.74	79	58.5	15.5	9.20	57.6	YES	
21	0.78	79	61.6	15.9	9.30	58.4	YES	
22	0.81	79	64.0	16.5	9.40	58.4	YES	
23	0.81	79	64.0	15.2	9.50	66.0	NO	
24	0.81	79	64.0	16.2	9.40	59.6	YES	
25	0.81	79	64.0	17.7	9.40	54.0	YES	
26	0.79	79	62.4	17.2	9.60	59.9	YES	
27	0.82	79	64.8	16.7	9.50	59.9	YES	
28	0.87	79	68.7	16.2	9.50	62.3	YES	
29	0.85	79	67.2	15.6	9.50	64.6	YES	
30	0.84	79	66.4	16.7	9.20	53.8	YES	
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised Sep. 14, 2022 W.G.

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