

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

County: Grant  
Month/Year: 23-Nov

System Name: Canyon City ID#: 41 00165 WTP : TP - A

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							0.11
2							0.17
3							0.15
4							0.21
5							0.26
6							0.24
7							0.23
8							0.26
9							0.16
10							0.14
11							0.18
12							0.12
13							0.14
14							0.12
15							0.14
16							0.16
17							0.17
18							0.13
19							0.14
20							0.16
21							0.17
22							0.13
23							0.15
24							0.18
25							0.20
26							0.20
27							0.09
28							0.20
29							0.21
30							0.19
31							0.25

<b>Unfiltered</b>	<b>Monthly Summary (Answer Yes or No)</b>	
All daily turbidity readings ≤ 5 NTU?	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes:

FULL NAME: *Timothy Madden*

SIGNATURE: *[Signature]* 23-Nov

PHONE #: (541) 620-1497 CERT #: D-09145

<sup>1</sup> 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-Nov Disinfection *Giardia* Log Inactiv: 1.0

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T) (79 or 106)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	minutes	<b>C X T</b>	[° C]		table/formula	Yes / No	[GPM]
1	1.15	106	121.9	11.3	9.30	82.1	YES	
2	1.15	106	121.9	15.8	9.40	63.6	YES	
3	0.85	106	90.1	9.5	9.20	86.5	YES	
4	0.84	106	89.0	9.7	9.20	85.2	YES	
5	0.88	106	93.3	9.8	9.20	85.0	YES	
6	0.92	106	97.5	13.3	9.30	70.4	YES	
7	0.94	106	99.6	11.7	9.20	75.1	YES	
8	0.99	106	104.9	11.7	9.30	78.4	YES	
9	1.08	106	114.5	12.3	9.30	76.0	YES	
10	0.89	106	94.3	10.7	9.30	83.0	YES	
11	0.83	106	88.0	9.7	9.20	85.1	YES	
12	0.85	106	90.1	8.8	9.10	87.5	YES	
13	0.83	106	88.0	11.2	9.20	76.7	YES	
14	0.84	106	89.0	10.2	9.40	88.7	YES	
15	0.86	106	91.2	9.7	9.20	85.4	YES	
16	0.88	106	93.3	9.9	9.30	87.6	YES	
17	1.13	106	119.8	10.7	9.40	88.6	YES	
18	1.07	106	113.4	10.2	9.50	94.6	YES	
19	1.01	106	107.1	7.7	9.20	100.0	YES	
20	0.98	106	103.9	8.9	9.50	102.4	YES	
21	1.02	106	108.1	9.3	9.30	92.9	YES	
22	1.08	106	114.5	9.6	9.50	98.7	YES	
23	0.95	106	100.7	9.2	9.40	96.3	YES	
24	0.94	106	99.6	8.8	9.30	95.3	YES	
25	0.99	106	104.9	8.6	9.10	90.3	YES	
26	1.08	106	114.5	6.4	7.80	65.8	YES	
27	1.16	106	123.0	7.5	8.00	66.3	YES	
28	1.02	106	108.1	10.2	8.80	72.6	YES	
29	0.94	106	99.6	11.4	8.60	61.6	YES	
30	0.87	106	92.2	11.4	8.60	61.1	YES	
31		106						

<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 Sep. 14, 2022 W.G.

Return by 10th of following month by email, fax, or mail to:  
[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350  
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