


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

County: Grant  
Month/Year: 23-Dec

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							0.14
2							0.17
3							0.23
4							0.21
5							0.17
6							0.27
7							0.28
8							0.22
9							0.27
10							0.24
11							0.20
12							0.15
13							0.11
14							0.13
15							0.14
16							0.17
17							0.12
18							0.10
19							0.11
20							0.14
21							0.17
22							0.14
23							0.13
24							0.15
25							0.12
26							0.10
27							0.11
28							0.10
29							0.13
30							0.12
31							0.10

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

Notes:  
Sorry, 1 Day late Due to snow storm.  
I had to plow.

Tim Madden  
SIGNATURE:   
(541)620-1497

23-Dec  
D-09145

<sup>1</sup> One reading per day allowed.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- :A

Disinfection *Giardia* Log

Inactiv:

1.0

System Name:

Canyon City

ID#: 41

00165

Month/Year: 23-Dec

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	C X T	[° C]		table/formula	Yes / No	[GPM]
1	0.86	106	91.2	9.5	9.20	86.6	YES	
2	0.84	106	89.0	9.2	9.20	88.2	YES	
3	0.87	106	92.2	9.5	9.30	90.0	YES	
4	0.89	106	94.3	9.6	9.40	93.0	YES	
5	0.93	106	98.6	8.3	7.80	56.9	YES	
6	0.87	106	92.2	9.4	8.40	65.1	YES	
7	0.91	106	96.5	8.9	8.40	67.7	YES	
8	0.87	106	92.2	9.2	8.70	73.7	YES	
9	0.92	106	97.5	6.7	8.70	88.1	YES	
10	0.89	106	94.3	10.7	9.30	83.0	YES	
11	9.3	106	985.8	9.2	8.80	211.3	YES	
12	0.83	106	88.0	8.3	8.80	80.9	YES	
13	0.83	106	88.0	9.2	8.00	56.8	YES	
14	0.92	106	97.5	7.8	7.10	45.8	YES	
15	0.79	106	83.7	6.9	7.30	51.4	YES	
16	0.78	106	82.7	7.4	7.60	55.3	YES	
17	0.75	106	79.5	7.8	7.50	51.7	YES	
18	0.71	106	75.3	10.3	8.10	54.0	YES	
19	0.86	106	91.2	8.5	8.30	66.7	YES	
20	0.86	106	91.2	8.7	8.50	70.8	YES	
21	1.02	106	108.1	10.2	8.70	70.0	YES	
22	1.2	106	127.2	9.4	8.50	70.2	YES	
23	1.2	106	127.2	6.9	8.60	86.5	YES	
24	1.05	106	111.3	7.2	8.70	86.4	YES	
25	1.02	106	108.1	7.6	9.20	100.8	YES	
26	1.07	106	113.4	6.8	8.90	95.9	YES	
27	1.09	106	115.5	6.4	8.90	98.9	YES	
28	1.1	106	116.6	9.1	9.10	88.3	YES	
29	1.05	106	111.3	9.5	9.00	82.3	YES	
30	1.01	106	107.1	9.7	9.20	87.0	YES	
31	1.07	106	113.4	9.9	8.70	71.9	YES	

<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; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350