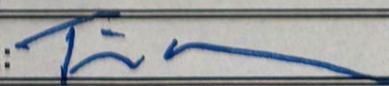


OHA - Drinking Water Services - Surface Water Quality Data Form
Unfiltered System

County: Grant
Month/Year: 24-Feb
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							0.24
2							0.21
3							0.25
4							0.17
5							0.14
6							0.18
7							0.21
8							0.15
9							0.19
10							0.19
11							0.17
12							0.21
13							0.18
14							0.10
15							0.12
16							0.11
17							0.09
18							0.10
19							0.12
20							0.11
21							0.12
22							0.09
23							0.11
24							0.09
25							0.12
26							0.12
27							0.15
28							0.14
29							0.13
30							
31							

Unfiltered		Monthly Summary (Answer Yes or No)	
All daily turbidity readings \leq 5 NTU?	Yes/No <u>Yes</u>	CT's met everyday? (see back)	All Cl ₂ residual at entry point \geq 0.2 mg/l?
		Yes/No <u>Yes</u>	Yes/No <u>Yes</u>
Notes:		Tim Madden	
		SIGNATURE: 	
		(541)620-0365	24-Feb D-09145

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: 24-Feb

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	0.78	106	82.7	8.6	8.30	65.6	YES	
2	0.72	106	76.3	9.5	8.30	61.3	YES	
3	0.85	106	90.1	6.7	7.80	62.8	YES	
4	0.9	106	95.4	8.2	8.20	65.9	YES	
5	0.91	106	96.5	8.4	8.60	75.4	YES	
6	0.79	106	83.7	10.1	7.40	43.1	YES	
7	0.85	106	90.1	9.0	8.80	77.3	YES	
8	1	106	106.0	6.7	8.20	74.0	YES	
9	0.97	106	102.8	7.6	8.40	74.5	YES	
10	1.04	106	110.2	8.2	8.60	77.6	YES	
11	1.01	106	107.1	7.9	8.20	68.2	YES	
12	1.02	106	108.1	8.6	8.00	60.5	YES	
13	0.95	106	100.7	7.2	8.80	88.6	YES	
14	1.04	106	110.2	9.6	7.30	44.2	YES	
15	1.1	106	116.6	11.0	8.00	52.0	YES	
16	1.12	106	118.7	10.1	6.90	37.5	YES	
17	1.14	106	120.8	8.2	7.40	50.8	YES	
18	1.14	106	120.8	9.7	7.40	46.0	YES	
19	1.09	106	115.5	9.6	7.80	53.1	YES	
20	0.81	106	85.9	9.4	7.70	50.3	YES	
21	0.77	106	81.6	9.5	6.90	37.5	YES	
22	0.79	106	83.7	9.8	7.20	40.9	YES	
23	0.77	106	81.6	9.6	6.50	32.5	YES	
24	0.91	106	96.5	9.7	7.20	41.8	YES	
25	0.8	106	84.8	6.8	7.70	59.8	YES	
26	0.88	106	93.3	7.7	0.68	7.7	YES	
27	1.17	106	124.0	7.5	6.70	41.7	YES	
28	1.09	106	115.5	7.8	6.90	43.5	YES	
29	1.07	106	113.4	8.6	7.00	42.6	YES	
30		106						
31		106						

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