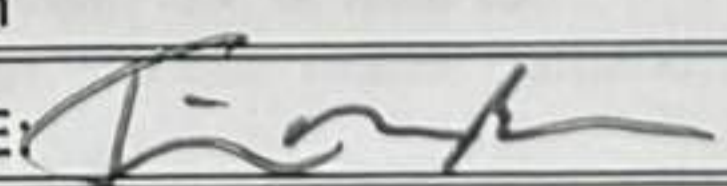


OHA - Drinking Water Services - Surface Water Quality Data Form
Unfiltered System

County: Grant
Month/Year: 26-Jan

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 ¹ [NTU]
1							0.22
2							0.28
3							0.24
4							0.25
5							0.22
6							0.24
7							0.23
8							0.22
9							0.19
10							0.18
11							0.13
12							0.14
13							0.12
14							0.15
15							0.14
16							0.12
17							0.10
18							0.11
19							0.12
20							0.10
21							0.10
22							0.12
23							0.13
24							0.14
25							0.14
26							0.12
27							0.16
28							0.17
29							0.23
30							0.21
31							0.19

Unfiltered		Monthly Summary (Answer Yes or No)	
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		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:		Tim Madden	
		SIGNATURE: 	26-Jan
		(541)620-0365	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: 26-Jan

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	0.91	106	96.5	9.8	9.50	95.4	YES	
2	0.97	106	102.8	9.6	9.50	97.4	YES	
3	0.96	106	101.8	10.9	9.50	88.9	YES	
4	0.91	106	96.5	12.0	9.50	81.9	YES	
5	0.93	106	98.6	9.4	9.50	98.3	YES	
6	0.94	106	99.6	11.3	9.50	86.2	YES	
7	0.99	106	104.9	10.1	9.50	94.3	YES	
8	1.04	106	110.2	11.2	9.50	87.9	YES	
9	1.05	106	111.3	9.7	9.50	97.7	YES	
10	1.06	106	112.4	10.9	9.40	86.7	YES	
11	0.94	106	99.6	9.8	9.40	92.2	YES	
12	0.97	106	102.8	10.4	9.50	92.1	YES	
13	0.92	106	97.5	11.7	9.50	83.7	YES	
14	0.87	106	92.2	10.1	9.40	89.6	YES	
15	1.03	106	109.2	12.8	9.50	79.3	YES	
16	1.14	106	120.8	11.2	9.50	88.9	YES	
17	1.02	106	108.1	7.9	9.40	106.4	YES	
18	1.09	106	115.5	7.4	9.40	111.1	YES	
19	1.02	106	108.1	8.4	9.50	106.6	YES	
20	1.06	106	112.4	7.4	9.40	110.7	YES	
21	0.93	106	98.6	10.2	9.50	93.0	YES	
22	1.1	106	116.6	7.2	9.40	112.8	YES	
23	1.12	106	118.7	6.7	9.40	117.1	YES	
24	1.15	106	121.9	6.5	9.40	119.2	YES	
25	1.08	106	114.5	7.3	9.40	111.7	YES	
26	1.12	106	118.7	7.2	9.40	113.1	YES	
27	1.02	106	108.1	9.7	9.40	93.8	YES	
28	0.97	106	102.8	8.4	9.40	102.1	YES	
29	0.96	106	101.8	9.6	9.50	97.3	YES	
30	0.97	106	102.8	8.7	9.40	100.0	YES	
31	0.99	106	104.9	7.8	9.40	106.7	YES	

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