

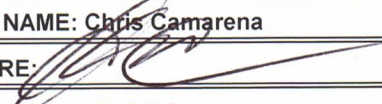
OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Grant
 Month/Year: Jan-21
 WTP : TP - A

System Name: Prairie City ID#: 41 00673

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							0.09
2							0.08
3							0.08
4							0.09
5							0.09
6							0.09
7							0.10
8							0.09
9							0.09
10							0.09
11							0.09
12							0.08
13							0.08
14							0.09
15							0.09
16							0.09
17							0.10
18							0.09
19							0.09
20							0.09
21							0.09
22							0.09
23							0.09
24							0.09
25							0.08
26							0.08
27							0.08
28							0.08
29							0.07
30							0.08
31							0.08

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ² <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
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Chris Camarena	
	SIGNATURE: 	DATE: 02-01-21
	PHONE #: (541) 820-3636	CERT #: 08546

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : A
 Disinfection *Giardia* Log Inactiv: 1.0

System Name: Prairie City ID#: 41 00673 Month/Year: Jan-21

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Plant Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.5	249	124.5	10.0	8.00	51.9	YES	194
2	0.5	284	142.0	10.0	8.00	51.9	YES	195
3	0.5	227	113.5	10.0	8.00	51.9	YES	213
4	0.4	205	82.0	10.0	8.00	51.3	YES	244
5	0.4	210	84.0	10.0	8.00	51.3	YES	238
6	0.4	232	92.8	10.0	8.00	51.3	YES	215
7	0.4	231	92.4	10.0	8.00	51.3	YES	216
8	0.4	230	92.0	10.0	8.00	51.3	YES	217
9	0.4	229	91.6	10.0	8.00	51.3	YES	218
10	0.4	225	90.0	10.0	8.00	51.3	YES	222
11	0.4	234	93.6	10.0	8.00	51.3	YES	213
12	0.5	229	114.5	10.0	8.00	51.9	YES	218
13	0.5	222	111.0	10.0	8.00	51.9	YES	225
14	0.5	229	114.5	10.0	8.00	51.9	YES	218
15	0.5	229	114.5	10.0	8.00	51.9	YES	218
16	0.5	225	112.5	10.0	8.00	51.9	YES	222
17	0.5	200	100.0	10.0	8.00	51.9	YES	251
18	0.5	241	120.5	10.0	8.00	51.9	YES	207
19	0.5	231	115.5	10.0	8.00	51.9	YES	216
20	0.4	232	92.8	10.0	8.00	51.3	YES	215
21	0.4	224	89.6	10.0	8.00	51.3	YES	223
22	0.4	222	88.8	10.0	8.00	51.3	YES	225
23	0.4	217	86.8	10.0	8.00	51.3	YES	223
24	0.5	205	102.5	10.0	8.00	51.9	YES	236
25	0.6	228	136.8	10.0	8.00	52.5	YES	219
26	0.6	230	138.0	10.0	8.00	52.5	YES	217
27	0.6	219	131.4	10.0	8.00	52.5	YES	228
28	0.6	222	133.2	10.0	8.00	52.5	YES	225
29	0.6	222	133.2	10.0	8.00	52.5	YES	225
30	0.6	218	130.8	10.0	8.00	52.5	YES	230
31	0.6	218	130.8	10.0	8.00	52.5	YES	229

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

Revised July 2018

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