

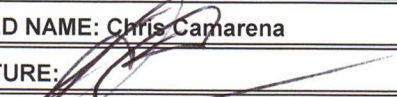
OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Grant**
 Month/Year: **Mar-21**

System Name: **Prairie City** ID# **41** **00673** 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							0.03
2							0.04
3							0.04
4							0.04
5							0.02
6							0.04
7							0.04
8							0.05
9							0.04
10							0.04
11							0.04
12							0.04
13							0.05
14							0.05
15							0.05
16							0.05
17							0.05
18							0.05
19							0.05
20							0.05
21							0.05
22							0.05
23							0.05
24							0.05
25							0.05
26							0.05
27							0.05
28							0.05
29							0.05
30							0.05
31							0.05

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)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes:	PRINTED NAME: Chris Camarena	
	SIGNATURE: 	DATE: 04-01-21
	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

System Name: **Prairie City** ID# **41** 00673 Month/Year: **Mar-21** Disinfection *Giardia* Log Inactiv: **1.0**

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)+7	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	0.6	237	142.2	10.0	8.00	52.5	YES	211
2	0.6	215	129.0	10.0	8.00	52.5	YES	233
3	0.6	218	130.8	10.0	8.00	52.5	YES	229
4	0.6	217	130.2	10.0	8.00	52.5	YES	231
5	0.6	213	127.8	10.0	8.00	52.5	YES	227
6	0.7	264	184.8	10.0	8.00	53.1	YES	214
7	0.7	203	142.1	10.0	8.00	53.1	YES	239
8	0.6	216	129.6	10.0	8.00	52.5	YES	232
9	0.6	218	130.8	10.0	8.00	52.5	YES	229
10	0.6	217	130.2	10.0	8.00	52.5	YES	230
11	0.6	223	133.8	10.0	8.00	52.5	YES	224
12	0.6	222	133.2	10.0	8.00	52.5	YES	225
13	0.6	211	126.6	10.0	8.00	52.5	YES	238
14	0.6	218	130.8	10.0	8.00	52.5	YES	229
15	0.6	239	143.4	10.0	8.00	52.5	YES	209
16	0.6	218	130.8	10.0	8.00	52.5	YES	230
17	0.6	218	130.8	10.0	8.00	52.5	YES	229
18	0.6	214	128.4	10.0	8.00	52.5	YES	234
19	0.6	219	131.4	10.0	8.00	52.5	YES	228
20	0.6	219	131.4	10.0	8.00	52.5	YES	229
21	0.6	215	129.0	10.0	8.00	52.5	YES	233
22	0.6	226	135.6	10.0	8.00	52.5	YES	221
23	0.6	218	130.8	10.0	8.00	52.5	YES	230
24	0.6	221	132.6	10.0	8.00	52.5	YES	226
25	0.6	215	129.0	10.0	8.00	52.5	YES	233
26	0.6	205	123.0	10.0	8.00	52.5	YES	245
27	0.6	207	124.2	10.0	8.00	52.5	YES	234
28	0.6	207	124.2	10.0	8.00	52.5	YES	234
29	0.6	218	130.8	10.0	8.00	52.5	YES	230
30	0.6	216	129.6	10.0	8.00	52.5	YES	232
31	0.6	213	127.8	10.0	8.00	52.5	YES	235

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