

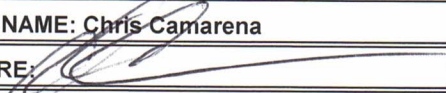
OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Grant
 Month/Year: May-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							0.10
2							0.10
3							0.10
4							0.10
5							0.10
6							0.10
7							0.10
8							0.10
9							0.10
10							0.10
11							0.10
12							0.09
13							0.09
14							0.09
15							0.09
16							0.08
17							0.08
18							0.08
19							0.08
20							0.07
21							0.07
22							0.06
23							0.06
24							0.06
25							0.06
26							0.06
27							0.06
28							0.06
29							0.05
30							0.06
31							0.06

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 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 Cl ₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings \leq 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:	PRINTED NAME: Chris Camarena	
	SIGNATURE: 	DATE: 06-02-21
	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: **May-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	0.5	199	99.5	10.0	8.00	51.9	YES	252
2	0.5	221	110.5	10.0	8.00	51.9	YES	226
3	0.4	243	97.2	10.0	8.00	51.3	YES	205
4	0.4	224	89.6	10.0	8.00	51.3	YES	233
5	0.3	217	65.1	10.0	8.00	50.7	YES	231
6	0.3	215	64.5	10.0	8.00	50.7	YES	233
7	0.4	198	79.2	10.0	8.00	51.3	YES	254
8	0.5	199	99.5	10.0	8.00	51.9	YES	243
9	0.6	206	123.6	10.0	8.00	52.5	YES	235
10	0.6	221	132.6	10.0	8.00	52.5	YES	226
11	0.6	294	176.4	10.0	8.00	52.5	YES	169
12	0.6	205	123.0	10.0	8.00	52.5	YES	244
13	0.6	202	121.2	10.0	8.00	52.5	YES	248
14	0.6	203	121.8	10.0	8.00	52.5	YES	247
15	0.6	201	120.6	10.0	8.00	52.5	YES	250
16	0.5	198	99.0	10.0	8.00	51.9	YES	253
17	0.6	202	121.2	10.0	8.00	52.5	YES	248
18	0.6	198	118.8	10.0	8.00	52.5	YES	254
19	0.6	196	117.6	10.0	8.00	52.5	YES	257
20	0.6	210	126.0	10.0	8.00	52.5	YES	238
21	0.6	219	131.4	10.0	8.00	52.5	YES	228
22	0.6	203	121.8	10.0	8.00	52.5	YES	247
23	0.6	221	132.6	10.0	8.00	52.5	YES	226
24	0.6	232	139.2	10.0	8.00	52.5	YES	215
25	0.6	215	129.0	10.0	8.00	52.5	YES	233
26	0.6	218	130.8	10.0	8.00	52.5	YES	229
27	0.6	215	129.0	10.0	8.00	52.5	YES	233
28	0.6	219	131.4	10.0	8.00	52.5	YES	228
29	0.6	182	109.2	10.0	8.00	52.5	YES	265
30	0.7	179	125.3	10.0	8.00	53.1	YES	270
31	0.8	182	145.6	10.0	8.00	53.7	YES	266

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