

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

County: Grant  
 Month/Year: Jun-21

System Name: <b>Prairie City</b>		ID# <b>41</b>	<b>00673</b>	WTP : TP - <b>A</b>			
Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the day <sup>1</sup> [NTU]
1							0.05
2							0.06
3							0.07
4							0.05
5							0.05
6							0.05
7							0.05
8							0.05
9							0.05
10							0.05
11							0.05
12							0.05
13							0.05
14							0.04
15							0.05
16							0.06
17							0.06
18							0.06
19							0.06
20							0.06
21							0.06
22							0.06
23							0.06
24							0.06
25							0.07
26							0.06
27							0.06
28							0.07
29							0.07
30							0.07
31							0.07

<p><b>Slow Sand/Membrane/DE Filtration/Unfiltered</b></p> <p>95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup> <span style="float: right;">Yes / No</span></p> <p>All daily turbidity readings ≤ 5 NTU? <span style="float: right;">Yes / No</span></p>	<p><b>Monthly Summary (Answer Yes or No)</b></p> <p>CT's met everyday? (see back) <span style="float: right;">Yes / No</span></p> <p>All Cl2 residual at entry point ≥ 0.2 mg/l? <span style="float: right;">Yes / No</span></p>
<p><b>Notes:</b></p>	
<p>PRINTED NAME: <i>Chris Camarepa</i></p> <p>SIGNATURE: </p> <p>PHONE # (541)820-3636</p>	
<p>DATE: 07-01-21</p> <p>CERT # 08546</p>	

<sup>1</sup> 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. <sup>2</sup> Filtered systems only.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP- : A

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

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)+7	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Plant Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.7	186	130.2	10.0	8.00	53.1	YES	270
2	0.7	176	123.2	15.0	8.00	38.1	YES	287
3	0.7	146	102.2	15.0	8.00	38.1	YES	349
4	0.7	132	92.4	15.0	8.00	38.1	YES	387
5	0.6	234	140.4	15.0	8.00	37.7	YES	213
6	0.6	176	105.6	15.0	8.00	37.7	YES	285
7	0.3	186	55.8	15.0	8.00	36.4	YES	271
8	0.5	187	93.5	15.0	8.00	37.3	YES	269
9	0.5	186	93.0	15.0	8.00	37.3	YES	270
10	0.5	200	100.0	15.0	8.00	37.3	YES	251
11	0.5	193	96.5	15.0	8.00	37.3	YES	260
12	0.5	196	98.0	15.0	8.00	37.3	YES	257
13	0.5	186	93.0	15.0	8.00	37.3	YES	270
14	0.5	191	95.5	15.0	8.00	37.3	YES	263
15	0.5	184	92.0	15.0	8.00	37.3	YES	273
16	0.5	197	98.5	15.0	8.00	37.3	YES	259
17	0.4	185	74.0	15.0	8.00	36.8	YES	272
18	0.4	177	70.8	15.0	8.00	36.8	YES	284
19	0.5	171	85.5	15.0	8.00	37.3	YES	284
20	0.5	167	83.5	15.0	8.00	37.3	YES	290
21	0.4	173	69.2	15.0	8.00	36.8	YES	291
22	0.4	176	70.4	20.0	8.00	26.4	YES	287
23	0.4	176	70.4	20.0	8.00	26.4	YES	287
24	0.4	200	80.0	20.0	8.00	26.4	YES	251
25	0.4	172	68.8	20.0	8.00	26.4	YES	294
26	0.4	164	65.6	20.0	8.00	26.4	YES	309
27	0.4	181	72.4	20.0	8.00	26.4	YES	287
28	0.4	186	74.4	20.0	8.00	26.4	YES	271
29	0.4	179	71.6	20.0	8.00	26.4	YES	281
30	0.4	200	80.0	20.0	8.00	26.4	YES	251
31								

<sup>3</sup> If Cl<sub>2</sub> 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