

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

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

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>	<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings $\leq$ 1 NTU? <sup>2</sup> <span style="float:right;">Yes / No</span>	CT's met everyday? (see back) <span style="float:right;">Yes / No</span>	All Cl2 residual at entry point $\geq$ 0.2 mg/l? <span style="float:right;">Yes / No</span>
All daily turbidity readings $\leq$ 5 NTU? <span style="float:right;">Yes / No</span>		

<b>Notes:</b>	<b>PRINTED NAME:</b> Chris Camarena	
	<b>SIGNATURE:</b>	<b>DATE:</b> 11-02-21
	<b>PHONE #</b> (541)820-3636	<b>CERT #</b> 08546

<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: **Oct-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	0.6	180	108.0	20.0	8.00	27.0	YES	280
2	0.6	208	124.8	20.0	8.00	27.0	YES	233
3	0.6	211	126.6	20.0	8.00	27.0	YES	230
4	0.7	225	157.5	20.0	8.00	27.3	YES	222
5	0.7	210	147.0	20.0	8.00	27.3	YES	239
6	0.7	233	163.1	20.0	8.00	27.3	YES	214
7	0.7	247	172.9	20.0	8.00	27.3	YES	202
8	0.6	203	121.8	20.0	8.00	27.0	YES	247
9	0.6	219	131.4	20.0	8.00	27.0	YES	228
10	0.6	232	139.2	20.0	8.00	27.0	YES	215
11	0.6	249	149.4	20.0	8.00	27.0	YES	200
12	0.6	252	151.2	20.0	8.00	27.0	YES	198
13	0.7	266	186.2	20.0	8.00	27.3	YES	187
14	0.6	224	134.4	20.0	8.00	27.0	YES	223
15	0.6	201	120.6	20.0	8.00	27.0	YES	250
16	0.6	209	125.4	20.0	8.00	27.0	YES	240
17	0.6	301	180.6	20.0	8.00	27.0	YES	165
18	0.6	176	105.6	20.0	8.00	27.0	YES	287
19	0.6	196	117.6	20.0	8.00	27.0	YES	256
20	0.6	217	130.2	20.0	8.00	27.0	YES	231
21	0.6	215	129.0	20.0	8.00	27.0	YES	233
22	0.6	227	136.2	20.0	8.00	27.0	YES	220
23	0.7	245	171.5	20.0	8.00	27.3	YES	198
24	0.8	243	194.4	20.0	8.00	27.6	YES	199
25	0.8	234	187.2	20.0	8.00	27.6	YES	213
26	0.7	219	153.3	20.0	8.00	27.3	YES	228
27	0.7	211	147.7	20.0	8.00	27.3	YES	237
28	0.7	218	152.6	20.0	8.00	27.3	YES	230
29	0.7	223	156.1	20.0	8.00	27.3	YES	224
30	0.7	218	152.6	20.0	8.00	27.3	YES	231
31	0.7	202	141.4	20.0	8.00	27.3	YES	248

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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Return by 10th of following month by email, fax, or mail to:

[dwp.dmce@state.or.us](mailto:dwp.dmce@state.or.us); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350