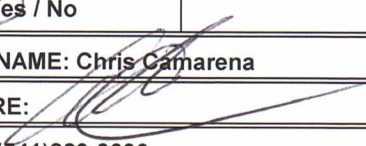


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Grant**
 Month/Year: **Nov-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							0.10
2							0.10
3							0.09
4							0.09
5							0.09
6							0.09
7							0.09
8							0.09
9							0.10
10							0.10
11							0.12
12							0.11
13							0.12
14							0.11
15							0.10
16							0.10
17							0.10
18							0.10
19							0.11
20							0.13
21							0.14
22							0.12
23							0.10
24							0.12
25							0.12
26							0.10
27							0.80
28							0.80
29							0.80
30							0.70
31							

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 Cl2 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		DATE: 12-01-21
	SIGNATURE: 		CERT # 08546
	PHONE # (541)820-3636		

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: **Nov-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	0.7	226	158.2	20.0	8.00	27.3	YES	221
2	0.6	240	144.0	20.0	8.00	27.0	YES	208
3	0.6	197	118.2	20.0	8.00	27.0	YES	255
4	0.6	193	115.8	20.0	8.00	27.0	YES	260
5	0.6	206	123.6	20.0	8.00	27.0	YES	243
6	0.6	207	124.2	20.0	8.00	27.0	YES	242
7	0.6	189	113.4	20.0	8.00	27.0	YES	266
8	0.6	255	153.0	15.0	8.00	37.7	YES	195
9	0.6	212	127.2	15.0	8.00	37.7	YES	236
10	0.6	235	141.0	15.0	8.00	37.7	YES	212
11	0.6	167	100.2	15.0	8.00	37.7	YES	274
12	0.6	182	109.2	15.0	8.00	37.7	YES	276
13	0.7	211	147.7	15.0	8.00	38.1	YES	229
14	0.6	210	126.0	15.0	8.00	37.7	YES	231
15	0.6	212	127.2	15.0	8.00	37.7	YES	236
16	0.6	219	131.4	15.0	8.00	37.7	YES	228
17	0.6	212	127.2	15.0	8.00	37.7	YES	236
18	0.6	213	127.8	15.0	8.00	37.7	YES	235
19	0.6	209	125.4	15.0	8.00	37.7	YES	240
20	0.6	317	190.2	15.0	8.00	37.7	YES	156
21	0.6	269	161.4	15.0	8.00	37.7	YES	185
22	0.6	196	117.6	15.0	8.00	37.7	YES	257
23	0.6	158	94.8	15.0	8.00	37.7	YES	321
24	0.6	211	126.6	15.0	8.00	37.7	YES	237
25	0.6	221	132.6	15.0	8.00	37.7	YES	226
26	0.6	227	136.2	15.0	8.00	37.7	YES	227
27	0.6	221	132.6	15.0	8.00	37.7	YES	226
28	0.6	246	147.6	15.0	8.00	37.7	YES	203
29	0.7	215	150.5	15.0	8.00	38.1	YES	233
30	0.7	232	162.4	15.0	8.00	38.1	YES	215
31								

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