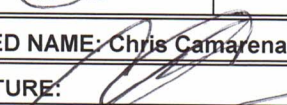


**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Grant**  
 Month/Year: **Jan-22**

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 <sup>1</sup> [NTU]
1							0.03
2							0.03
3							0.03
4							0.03
5							0.03
6							0.03
7							0.03
8							0.03
9							0.03
10							0.03
11							0.03
12							0.03
13							0.03
14							0.03
15							0.03
16							0.03
17							0.03
18							0.03
19							0.03
20							0.03
21							0.03
22							0.03
23							0.03
24							0.03
25							0.03
26							0.04
27							0.04
28							0.03
29							0.03
30							0.03
31							0.03

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	<b>Yes / No</b>	CT's met everyday? (see back)	All Cl <sub>2</sub> residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Notes:</b>		<b>PRINTED NAME: Chris Camarena</b>	
		<b>SIGNATURE:</b> 	<b>DATE: 02-01-22</b>
		<b>PHONE # (541)820-3636</b>	<b>CERT # 08546</b>

<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

Disinfection *Giardia* Log

Inactiv:

1.0

System Name: **Prairie City** ID# **41** 00673 Month/Year: **Jan-22**

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	200	140.0	10.0	8.00	53.1	YES	251
2	0.7	212	148.4	10.0	8.00	53.1	YES	236
3	0.6	233	139.8	10.0	8.00	52.5	YES	214
4	0.6	198	118.8	10.0	8.00	52.5	YES	254
5	0.6	187	112.2	10.0	8.00	52.5	YES	269
6	0.6	171	102.6	10.0	8.00	52.5	YES	296
7	0.6	205	123.0	10.0	8.00	52.5	YES	244
8	0.6	189	113.4	10.0	8.00	52.5	YES	256
9	0.6	193	115.8	10.0	8.00	52.5	YES	251
10	0.6	215	129.0	10.0	8.00	52.5	YES	233
11	0.6	222	133.2	10.0	8.00	52.5	YES	225
12	0.6	220	132.0	10.0	8.00	52.5	YES	227
13	0.6	215	129.0	10.0	8.00	52.5	YES	225
14	0.6	215	129.0	10.0	8.00	52.5	YES	225
15	0.6	211	126.6	10.0	8.00	52.5	YES	237
16	0.6	232	139.2	10.0	8.00	52.5	YES	215
17	0.6	233	139.8	10.0	8.00	52.5	YES	214
18	0.6	226	135.6	10.0	8.00	52.5	YES	221
19	0.6	218	130.8	10.0	8.00	52.5	YES	222
20	0.6	228	136.8	10.0	8.00	52.5	YES	219
21	0.6	219	131.4	10.0	8.00	52.5	YES	221
22	0.6	218	130.8	10.0	8.00	52.5	YES	222
23	0.6	207	124.2	10.0	8.00	52.5	YES	234
24	0.6	227	136.2	10.0	8.00	52.5	YES	220
25	0.6	219	131.4	10.0	8.00	52.5	YES	229
26	0.6	221	132.6	10.0	8.00	52.5	YES	219
27	0.6	228	136.8	10.0	8.00	52.5	YES	219
28	0.6	230	138.0	10.0	8.00	52.5	YES	217
29	0.6	232	139.2	10.0	8.00	52.5	YES	215
30	0.6	200	120.0	10.0	8.00	52.5	YES	251
31	0.6	231	138.6	10.0	8.00	52.5	YES	216

<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