

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

County: **Grant**  
 Month/Year: **Feb-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							0.04
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							0.04
21							0.04
22							0.04
23							0.03
24							0.04
25							0.03
26							0.03
27							0.04
28							0.03
29							
30							
31							

<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>	<input checked="" type="radio"/> Yes / <input type="radio"/> No	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?	<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

<b>Notes:</b>	<b>PRINTED NAME:</b> Chris Camarena	
	<b>SIGNATURE:</b> 	<b>DATE:</b> 03-07-22
	<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: **Jan-22** 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	226	135.6	10.0	8.00	52.5	YES	221
2	0.6	220	132.0	10.0	8.00	52.5	YES	227
3	0.6	270	162.0	10.0	8.00	52.5	YES	227
4	0.6	220	132.0	10.0	8.00	52.5	YES	220
5	0.6	214	128.4	10.0	8.00	52.5	YES	226
6	0.7	216	151.2	10.0	8.00	53.1	YES	224
7	0.6	222	133.2	10.0	8.00	52.5	YES	225
8	0.6	219	131.4	10.0	8.00	52.5	YES	229
9	0.6	219	131.4	10.0	8.00	52.5	YES	229
10	0.6	234	140.4	10.0	8.00	52.5	YES	213
11	0.6	230	138.0	10.0	8.00	52.5	YES	217
12	0.6	231	138.6	10.0	8.00	52.5	YES	216
13	0.6	229	137.4	10.0	8.00	52.5	YES	218
14	0.6	227	136.2	10.0	8.00	52.5	YES	220
15	0.6	209	125.4	10.0	8.00	52.5	YES	240
16	0.6	221	132.6	10.0	8.00	52.5	YES	219
17	0.6	226	135.6	10.0	8.00	52.5	YES	214
18	0.6	215	129.0	10.0	8.00	52.5	YES	225
19	0.6	216	129.6	10.0	8.00	52.5	YES	224
20	0.6	217	130.2	10.0	8.00	52.5	YES	223
21	0.6	221	132.6	10.0	8.00	52.5	YES	219
22	0.6	219	131.4	10.0	8.00	52.5	YES	228
23	0.6	224	134.4	10.0	8.00	52.5	YES	223
24	0.6	212	127.2	10.0	8.00	52.5	YES	236
25	0.6	222	133.2	10.0	8.00	52.5	YES	225
26	0.6	221	132.6	10.0	8.00	52.5	YES	226
27	0.6	206	123.6	10.0	8.00	52.5	YES	244
28	0.6	213	127.8	10.0	8.00	52.5	YES	227
29								
30								
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