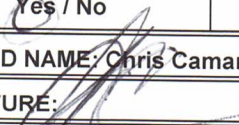


OHA - Drinking Water Services - Surface Water Quality Data Form  
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Grant  
 Month/Year: Apr-22  
 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 <sup>1</sup> [NTU]
1							0.07
2							0.06
3							0.07
4							0.08
5							0.09
6							0.07
7							0.06
8							0.07
9							0.06
10							0.06
11							0.06
12							0.06
13							0.09
14							0.06
15							0.06
16							0.07
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							0.06
26							0.06
27							0.06
28							0.09
29							0.04
30							0.07
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>	PRINTED NAME: Chris Camarena		DATE: 05-04-22
	SIGNATURE: 		CERT # 08546
	PHONE # (541)820-3636		

<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: **Apr-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	0.3	228	68.4	10.0	8.00	50.7	YES	219
2	0.4	233	93.2	10.0	8.00	51.3	YES	214
3	0.4	231	92.4	10.0	8.00	51.3	YES	216
4	0.4	210	84.0	15.0	8.00	36.8	YES	239
5	0.4	234	93.6	15.0	8.00	36.8	YES	213
6	0.4	216	86.4	15.0	8.00	36.8	YES	231
7	0.4	224	89.6	15.0	8.00	36.8	YES	223
8	0.4	223	89.2	15.0	8.00	36.8	YES	224
9	0.4	220	88.0	15.0	8.00	36.8	YES	227
10	0.5	219	109.5	15.0	8.00	37.3	YES	228
11	0.5	212	106.0	15.0	8.00	37.3	YES	236
12	0.6	221	132.6	15.0	8.00	37.7	YES	226
13	0.6	212	127.2	15.0	8.00	37.7	YES	236
14	0.7	221	154.7	15.0	8.00	38.1	YES	226
15	0.6	249	149.4	15.0	8.00	37.7	YES	200
16	0.6	199	119.4	15.0	8.00	37.7	YES	252
17	0.7	216	151.2	15.0	8.00	38.1	YES	232
18	0.7	220	154.0	15.0	8.00	38.1	YES	227
19	0.6	213	127.8	15.0	8.00	37.7	YES	235
20	0.6	222	133.2	15.0	8.00	37.7	YES	225
21	0.7	211	147.7	15.0	8.00	38.1	YES	238
22	0.7	234	163.8	15.0	8.00	38.1	YES	213
23	0.7	215	150.5	15.0	8.00	38.1	YES	233
24	0.5	203	101.5	15.0	8.00	37.3	YES	247
25	0.6	217	130.2	15.0	8.00	37.7	YES	223
26	0.6	214	128.4	15.0	8.00	37.7	YES	234
27	0.6	216	129.6	15.0	8.00	37.7	YES	231
28	0.5	212	106.0	15.0	8.00	37.3	YES	236
29	0.5	229	114.5	15.0	8.00	37.3	YES	218
30	0.5	219	109.5	15.0	8.00	37.3	YES	228
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