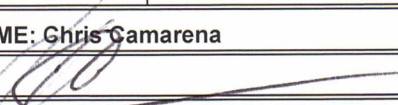


OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Grant
 Month/Year: May-22
 WTP: TP - A

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 ¹ [NTU]
1							0.07
2							0.08
3							0.08
4							0.08
5							0.08
6							0.08
7							0.08
8							0.09
9							0.09
10							0.09
11							0.09
12							0.09
13							0.08
14							0.08
15							0.09
16							0.08
17							0.09
18							0.09
19							0.09
20							0.10
21							0.10
22							0.10
23							0.09
24							0.09
25							0.09
26							0.08
27							0.09
28							0.08
29							0.08
30							0.08
31							0.07

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		
	SIGNATURE: 		DATE: 06-02-22
	PHONE # (541)820-3636		CERT # 08546

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
 Disinfection *Giardia* Log Inactiv: 1.0

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

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	0.4	224	89.6	15.0	8.00	36.8	YES	223
2	0.3	210	63.0	15.0	8.00	36.4	YES	238
3	0.3	220	66.0	15.0	8.00	36.4	YES	227
4	0.3	216	64.8	15.0	8.00	36.4	YES	232
5	0.3	224	67.2	15.0	8.00	36.4	YES	223
6	0.3	338	101.4	15.0	8.00	36.4	YES	146
7	0.3	339	101.7	15.0	8.00	36.4	YES	146
8	0.4	294	117.6	15.0	8.00	36.8	YES	169
9	0.6	350	210.0	15.0	8.00	37.7	YES	141
10	0.5	127	63.5	15.0	8.00	37.3	YES	405
11	0.5	143	71.5	15.0	8.00	37.3	YES	355
12	0.5	181	90.5	15.0	8.00	37.3	YES	278
13	0.3	221	66.3	15.0	8.00	36.4	YES	226
14	0.3	249	74.7	15.0	8.00	36.4	YES	200
15	0.3	211	63.3	15.0	8.00	36.4	YES	238
16	0.3	234	70.2	15.0	8.00	36.4	YES	213
17	0.3	221	66.3	15.0	8.00	36.4	YES	226
18	0.4	229	91.6	15.0	8.00	36.8	YES	229
19	0.4	224	89.6	15.0	8.00	36.8	YES	223
20	0.5	265	132.5	15.0	8.00	37.3	YES	258
21	0.5	323	161.5	15.0	8.00	37.3	YES	153
22	0.6	304	182.4	15.0	8.00	37.7	YES	163
23	0.7	332	232.4	15.0	8.00	38.1	YES	149
24	0.7	251	175.7	15.0	8.00	38.1	YES	193
25	0.7	243	170.1	15.0	8.00	38.1	YES	144
26	0.8	308	246.4	15.0	8.00	38.6	YES	161
27	0.7	320	224.0	15.0	8.00	38.1	YES	155
28	0.7	316	221.2	15.0	8.00	38.1	YES	158
29	0.6	279	167.4	15.0	8.00	37.7	YES	178
30	0.5	230	115.0	15.0	8.00	37.3	YES	217
31	0.3	175	52.5	15.0	8.00	36.4	YES	182

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