

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

County: **Grant**  
 Month/Year: **Oct-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							0.09
2							0.09
3							0.09
4							0.09
5							0.08
6							0.08
7							0.08
8							0.07
9							0.07
10							0.07
11							0.08
12							0.08
13							0.08
14							0.08
15							0.07
16							0.07
17							0.07
18							0.07
19							0.07
20							0.07
21							0.07
22							0.08
23							0.07
24							0.07
25							0.08
26							0.08
27							0.08
28							0.07
29							0.08
30							0.08
31							0.09

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
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) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings ≤ 5 NTU? <input checked="" type="radio"/> Yes / <input type="radio"/> No		

Notes:

PRINTED NAME: **Chris Camarena**

SIGNATURE: 

DATE: **11-01-22**

PHONE #: **(541)820-3636**

CERT #: **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  
 Disinfection *Giardia* Log  
 Inactiv: 1.0

System Name: **Prairie City** ID# **41** 00673 Month/Year: **Oct-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]	<b>C X T</b>	[° C]		formula	Yes / No	[GPM]
1	0.6	258	154.8	25.0	8.00	19.3	YES	193
2	0.6	266	159.6	25.0	8.00	19.3	YES	187
3	0.8	299	239.2	25.0	8.00	19.7	YES	166
4	0.9	407	366.3	25.0	8.00	20.0	YES	121
5	0.9	275	247.5	25.0	8.00	20.0	YES	181
6	0.9	292	262.8	25.0	8.00	20.0	YES	170
7	0.8	324	259.2	25.0	8.00	19.7	YES	153
8	0.4	178	71.2	25.0	8.00	18.8	YES	283
9	0.5	283	141.5	25.0	8.00	19.1	YES	171
10	0.7	317	221.9	25.0	8.00	19.5	YES	156
11	0.9	287	258.3	25.0	8.00	20.0	YES	173
12	0.6	209	125.4	25.0	8.00	19.3	YES	240
13	0.9	287	258.3	25.0	8.00	20.0	YES	173
14	0.9	218	196.2	25.0	8.00	20.0	YES	230
15	0.9	282	253.8	25.0	8.00	20.0	YES	176
16	0.9	297	267.3	25.0	8.00	20.0	YES	167
17	0.9	276	248.4	25.0	8.00	20.0	YES	180
18	0.8	304	243.2	25.0	8.00	19.7	YES	163
19	0.7	325	227.5	25.0	8.00	19.5	YES	152
20	0.7	275	192.5	25.0	8.00	19.5	YES	181
21	0.6	306	183.6	25.0	8.00	19.3	YES	162
22	0.6	428	256.8	25.0	8.00	19.3	YES	115
23	0.9	265	238.5	25.0	8.00	20.0	YES	188
24	0.9	304	273.6	25.0	8.00	20.0	YES	163
25	0.9	316	284.4	25.0	8.00	20.0	YES	157
26	0.8	299	239.2	25.0	8.00	19.7	YES	166
27	0.8	256	204.8	25.0	8.00	19.7	YES	194
28	0.8	314	251.2	25.0	8.00	19.7	YES	158
29	0.9	257	231.3	25.0	8.00	20.0	YES	194
30	0.8	306	244.8	25.0	8.00	19.7	YES	162
31	0.6	330	198.0	25.0	8.00	19.3	YES	150

<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