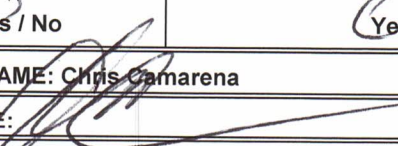


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Grant**
 Month/Year: **Jan-23**
 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 ¹ [NTU]
1							0.04
2							0.04
3							0.04
4							0.04
5							0.06
6							0.03
7							0.05
8							0.03
9							0.03
10							0.03
11							0.10
12							0.05
13							0.10
14							0.05
15							0.04
16							0.04
17							0.04
18							0.04
19							0.04
20							0.04
21							0.05
22							0.04
23							0.04
24							0.04
25							0.04
26							0.04
27							0.04
28							0.05
29							0.04
30							0.04
31							0.04

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: 02-01-23
	PHONE # (641)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: Jan-23

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	0.7	346	242.2	15.0	8.00	38.1	YES	143
2	0.6	276	165.6	15.0	8.00	37.7	YES	180
3	0.6	343	205.8	15.0	8.00	37.7	YES	144
4	0.7	318	222.6	15.0	8.00	38.1	YES	156
5	0.7	339	237.3	15.0	8.00	38.1	YES	164
6	0.7	308	215.6	15.0	8.00	38.1	YES	161
7	0.7	294	205.8	15.0	8.00	38.1	YES	169
8	0.7	294	205.8	15.0	8.00	38.1	YES	169
9	0.7	339	237.3	15.0	8.00	38.1	YES	146
10	0.7	310	217.0	15.0	8.00	38.1	YES	160
11	0.7	302	211.4	15.0	8.00	38.1	YES	164
12	0.5	320	160.0	15.0	8.00	37.3	YES	155
13	0.7	264	184.8	15.0	8.00	38.1	YES	176
14	0.7	318	222.6	15.0	8.00	38.1	YES	156
15	0.7	304	212.8	15.0	8.00	38.1	YES	163
16	0.7	310	217.0	15.0	8.00	38.1	YES	168
17	0.7	320	224.0	15.0	8.00	38.1	YES	155
18	0.7	318	222.6	15.0	8.00	38.1	YES	156
19	0.7	308	215.6	15.0	8.00	38.1	YES	161
20	0.7	306	214.2	15.0	8.00	38.1	YES	162
21	0.8	290	232.0	15.0	8.00	38.6	YES	171
22	0.7	289	202.3	15.0	8.00	38.1	YES	172
23	0.8	358	286.4	15.0	8.00	38.6	YES	138
24	0.7	312	218.4	15.0	8.00	38.1	YES	159
25	0.7	306	214.2	15.0	8.00	38.1	YES	162
26	0.8	306	244.8	15.0	8.00	38.6	YES	162
27	0.8	297	237.6	15.0	8.00	38.6	YES	167
28	0.8	302	241.6	15.0	8.00	38.6	YES	164
29	0.8	310	248.0	15.0	8.00	38.6	YES	160
30	0.7	369	258.3	15.0	8.00	38.1	YES	134
31	0.7	281	196.7	15.0	8.00	38.1	YES	177

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