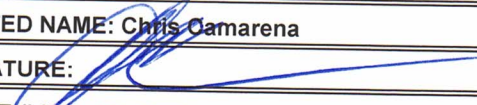


OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Grant
 Month/Year: Mar-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							0.03
2							0.04
3							0.03
4							0.03
5							0.03
6							0.03
7							0.03
8							0.04
9							0.03
10							0.03
11							0.03
12							0.03
13							0.03
14							0.04
15							0.04
16							0.04
17							0.04
18							0.04
19							0.03
20							0.04
21							0.04
22							0.04
23							0.05
24							0.06
25							0.05
26							0.08
27							0.07
28							0.05
29							0.05
30							0.05
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: 04-01-23
	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

System Name: Prairie City	ID# 41	00673	Month/Year: Mar-23	WTP- : A	Disinfection <i>Giardia</i> Log Inactiv: 1.0
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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	314	219.8	10.0	8.00	53.1	YES	158
2	0.7	318	222.6	10.0	8.00	53.1	YES	156
3	0.7	242	169.4	10.0	8.00	53.1	YES	206
4	0.6	279	167.4	10.0	8.00	52.5	YES	178
5	0.6	295	177.0	10.0	8.00	52.5	YES	168
6	0.6	324	194.4	10.0	8.00	52.5	YES	153
7	0.6	297	178.2	10.0	8.00	52.5	YES	167
8	0.6	299	179.4	10.0	8.00	52.5	YES	166
9	0.7	295	206.5	10.0	8.00	53.1	YES	168
10	0.6	295	177.0	10.0	8.00	52.5	YES	168
11	0.6	292	175.2	10.0	8.00	52.5	YES	170
12	0.6	302	181.2	10.0	8.00	52.5	YES	164
13	0.6	314	188.4	10.0	8.00	52.5	YES	158
14	0.6	285	171.0	10.0	8.00	52.5	YES	174
15	0.6	287	172.2	10.0	8.00	52.5	YES	173
16	0.6	289	173.4	10.0	8.00	52.5	YES	172
17	0.6	285	171.0	10.0	8.00	52.5	YES	174
18	0.6	290	174.0	10.0	8.00	52.5	YES	171
19	0.6	284	170.4	10.0	8.00	52.5	YES	175
20	0.6	332	199.2	10.0	8.00	52.5	YES	149
21	0.6	292	175.2	10.0	8.00	52.5	YES	170
22	0.6	294	176.4	10.0	8.00	52.5	YES	169
23	0.6	294	176.4	10.0	8.00	52.5	YES	169
24	0.6	301	180.6	10.0	8.00	52.5	YES	165
25	0.6	290	174.0	10.0	8.00	52.5	YES	171
26	0.6	274	164.4	10.0	8.00	52.5	YES	181
27	0.6	348	208.8	10.0	8.00	52.5	YES	142
28	0.6	339	203.4	10.0	8.00	52.5	YES	146
29	0.6	334	200.4	10.0	8.00	52.5	YES	148
30	0.6	334	200.4	10.0	8.00	52.5	YES	148
31	0.6	334	200.4	10.0	8.00	52.5	YES	148

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