

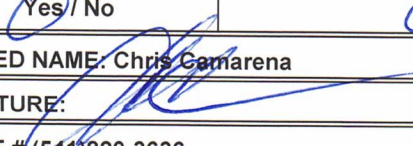
OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Grant
 Month/Year: Oct-23

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							0.03
2							0.04
3							0.02
4							0.02
5							0.03
6							0.01
7							0.02
8							0.03
9							0.03
10							0.03
11							0.02
12							0.03
13							0.02
14							0.02
15							0.02
16							0.01
17							0.02
18							0.02
19							0.03
20							0.02
21							0.01
22							0.01
23							0.02
24							0.02
25							0.02
26							0.03
27							0.02
28							0.03
29							0.02
30							0.02
31							0.02

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 Cl ₂ 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: 		11/1/2023
	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: **Oct-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	231	161.7	20.0	8.00	27.3	YES	216
2	0.7	272	190.4	20.0	8.00	27.3	YES	183
3	0.7	247	172.9	20.0	8.00	27.3	YES	202
4	0.7	252	176.4	20.0	8.00	27.3	YES	198
5	0.7	257	179.9	20.0	8.00	27.3	YES	194
6	0.7	3306	2314.2	20.0	8.00	27.3	YES	162
7	0.8	284	227.2	20.0	8.00	27.6	YES	178
8	0.8	285	228.0	20.0	8.00	27.6	YES	174
9	0.8	285	228.0	20.0	8.00	27.6	YES	174
10	1	306	306.0	20.0	8.00	28.3	YES	162
11	1	304	304.0	20.0	8.00	28.3	YES	163
12	1	289	289.0	20.0	8.00	28.3	YES	172
13	0.9	261	234.9	20.0	8.00	27.9	YES	191
14	0.7	179	125.3	20.0	8.00	27.3	YES	282
15	0.6	262	157.2	20.0	8.00	27.0	YES	190
16	0.7	284	198.8	20.0	8.00	27.3	YES	145
17	0.7	276	193.2	20.0	8.00	27.3	YES	180
18	0.6	278	166.8	20.0	8.00	27.0	YES	179
19	0.6	273	163.8	20.0	8.00	27.0	YES	182
20	0.6	261	156.6	20.0	8.00	27.0	YES	191
21	0.7	290	203.0	20.0	8.00	27.3	YES	171
22	0.6	247	148.2	20.0	8.00	27.0	YES	202
23	0.6	315	189.0	20.0	8.00	27.0	YES	157
24	0.6	270	162.0	20.0	8.00	27.0	YES	184
25	0.6	267	160.2	20.0	8.00	27.0	YES	186
26	0.6	264	158.4	20.0	8.00	27.0	YES	188
27	0.6	281	168.6	20.0	8.00	27.0	YES	177
28	0.6	279	167.4	20.0	8.00	27.0	YES	178
29	0.6	279	167.4	20.0	8.00	27.0	YES	178
30	0.6	285	171.0	20.0	8.00	27.0	YES	174
31	0.6	282	169.2	20.0	8.00	27.0	YES	176

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
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