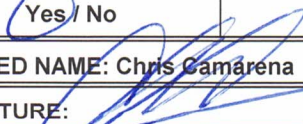


OHA - Drinking Water Services - Surface Water Quality Data Form
Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: **Grant**
 Month/Year: **Apr-24**

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							0.04
2							0.04
3							0.03
4							0.08
5							0.03
6							0.04
7							0.03
8							0.03
9							0.02
10							0.06
11							0.03
12							0.03
13							0.03
14							0.04
15							0.05
16							0.05
17							0.06
18							0.08
19							0.09
20							0.10
21							0.10
22							0.10
23							0.09
24							0.08
25							0.05
26							0.06
27							0.07
28							0.03
29							0.04
30							0.03
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	Yes / No	CT's met everyday? (see back)	All Cl ₂ residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
Notes:		PRINTED NAME: Chris Camarena	
		SIGNATURE: 	5/1/2024
		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

System Name: **Prairie City** ID# **41** 00673 Month/Year: **Apr-24**

Disinfection *Giardia* Log Inactiv: 1.0

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	0.5	275	137.5	15.0	8.00	37.3	YES	181
2	0.5	258	129.0	15.0	8.00	37.3	YES	193
3	0.6	266	159.6	15.0	8.00	37.7	YES	187
4	0.6	266	159.6	15.0	8.00	37.7	YES	187
5	0.6	266	159.6	15.0	8.00	37.7	YES	187
6	0.6	257	154.2	15.0	8.00	37.7	YES	194
7	0.6	266	159.6	15.0	8.00	37.7	YES	187
8	0.6	275	165.0	15.0	8.00	37.7	YES	181
9	0.6	275	165.0	15.0	8.00	37.7	YES	181
10	0.6	261	156.6	15.0	8.00	37.7	YES	191
11	0.6	263	157.8	15.0	8.00	37.7	YES	189
12	0.6	267	160.2	15.0	8.00	37.7	YES	186
13	0.6	258	154.8	15.0	8.00	37.7	YES	193
14	0.6	270	162.0	15.0	8.00	37.7	YES	184
15	0.6	266	159.6	15.0	8.00	37.7	YES	187
16	0.5	261	130.5	15.0	8.00	37.3	YES	191
17	0.5	263	131.5	15.0	8.00	37.3	YES	189
18	0.4	262	104.8	15.0	8.00	36.8	YES	190
19	0.4	254	101.6	15.0	8.00	36.8	YES	196
20	0.4	334	133.6	15.0	8.00	36.8	YES	198
21	0.4	234	93.6	15.0	8.00	36.8	YES	213
22	0.5	270	135.0	15.0	8.00	37.3	YES	184
23	0.5	252	126.0	15.0	8.00	37.3	YES	198
24	0.5	250	125.0	15.0	8.00	37.3	YES	199
25	0.5	249	124.5	15.0	8.00	37.3	YES	200
26	0.5	261	130.5	15.0	8.00	37.3	YES	191
27	0.4	259	103.6	15.0	8.00	36.8	YES	192
28	0.4	267	106.8	15.0	8.00	36.8	YES	186
29	0.4	276	110.4	15.0	8.00	36.8	YES	180
30	0.4	265	106.0	15.0	8.00	36.8	YES	188
31								

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

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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