

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

County: Grant  
 Month/Year: Aug-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 <sup>1</sup> [NTU]
1							0.06
2							0.07
3							0.07
4							0.08
5							0.07
6							0.06
7							0.06
8							0.06
9							0.05
10							0.06
11							0.06
12							0.06
13							0.06
14							0.05
15							0.04
16							0.04
17							0.04
18							0.05
19							0.05
20							0.06
21							0.05
22							0.05
23							0.05
24							0.04
25							0.04
26							0.05
27							0.04
28							0.04
29							0.05
30							0.05
31							0.05

<b>Slow Sand/Membrane/DE Filtration/Unfiltered</b>		<b>Monthly Summary (Answer Yes or No)</b>	
95% of daily turbidity readings ≤ 1 NTU? <sup>2</sup>	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	Yes / No
<b>Notes:</b>	PRINTED NAME: Chris Camarena		
	SIGNATURE:		9/4/2024
	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

System Name: **Prairie City** ID# **41** **00673** Month/Year: **Aug-24** Disinfection *Giardia* Log Inactiv: **1.0**

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]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.6	211	126.6	20.0	8.00	27.0	YES	237
2	0.6	181	108.6	20.0	8.00	27.0	YES	278
3	0.4	222	88.8	20.0	8.00	26.4	YES	225
4	0.4	202	80.8	20.0	8.00	26.4	YES	248
5	0.3	236	70.8	20.0	8.00	26.1	YES	212
6	0.3	228	68.4	20.0	8.00	26.1	YES	219
7	0.3	213	63.9	20.0	8.00	26.1	YES	235
8	0.3	207	62.1	20.0	8.00	26.1	YES	242
9	0.3	209	62.7	20.0	8.00	26.1	YES	240
10	0.3	196	58.8	20.0	8.00	26.1	YES	256
11	0.3	215	64.5	20.0	8.00	26.1	YES	233
12	0.5	353	176.5	20.0	8.00	26.7	YES	140
13	0.7	144	100.8	20.0	8.00	27.3	YES	353
14	0.8	170	136.0	20.0	8.00	27.6	YES	297
15	0.8	217	173.6	20.0	8.00	27.6	YES	231
16	0.8	248	198.4	20.0	8.00	27.6	YES	201
17	0.7	238	166.6	20.0	8.00	27.3	YES	210
18	0.7	233	163.1	20.0	8.00	27.3	YES	214
19	0.7	208	145.6	20.0	8.00	27.3	YES	241
20	0.7	201	140.7	20.0	8.00	27.3	YES	250
21	0.7	204	142.8	20.0	8.00	27.3	YES	246
22	0.7	216	151.2	20.0	8.00	27.3	YES	232
23	0.7	204	142.8	20.0	8.00	27.3	YES	246
24	0.6	272	163.2	20.0	8.00	27.0	YES	183
25	0.6	252	151.2	20.0	8.00	27.0	YES	198
26	0.6	312	187.2	20.0	8.00	27.0	YES	159
27	0.6	248	148.8	20.0	8.00	27.0	YES	201
28	0.7	256	179.2	20.0	8.00	27.3	YES	193
29	0.7	257	179.9	20.0	8.00	27.3	YES	194
30	0.6	228	136.8	20.0	8.00	27.0	YES	219
31	0.6	202	121.2	20.0	8.00	27.0	YES	248

<sup>3</sup> If Cl<sub>2</sub> 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