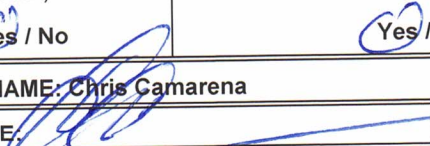


OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

County: Grant
 Month/Year: Oct-24
 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							0.03
4							0.05
5							0.05
6							0.05
7							0.08
8							0.08
9							0.05
10							0.04
11							0.04
12							0.06
13							0.08
14							0.08
15							0.09
16							0.09
17							0.10
18							0.12
19							0.12
20							0.10
21							0.09
22							0.09
23							0.05
24							0.04
25							0.04
26							0.04
27							0.04
28							0.06
29							0.06
30							0.07
31							0.70

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	<u>Yes / No</u>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<u>Yes / No</u>	<u>Yes / No</u>	<u>Yes / No</u>
Notes:	PRINTED NAME: Chris Camarena		
	SIGNATURE: 		11/1/2024
	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
 Disinfection Giardia Log
 Inactiv: 1.0

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

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	0.3	295	88.5	20.0	8.00	26.1	YES	168
2	0.4	292	116.8	20.0	8.00	26.4	YES	170
3	0.4	278	111.2	20.0	8.00	26.4	YES	179
4	0.4	275	110.0	20.0	8.00	26.4	YES	181
5	0.4	253	101.2	20.0	8.00	26.4	YES	197
6	0.4	252	100.8	20.0	8.00	26.4	YES	198
7	0.4	346	138.4	20.0	8.00	26.4	YES	143
8	0.4	326	130.4	20.0	8.00	26.4	YES	152
9	0.4	334	133.6	20.0	8.00	26.4	YES	148
10	0.4	324	129.6	20.0	8.00	26.4	YES	153
11	0.4	304	121.6	20.0	8.00	26.4	YES	163
12	0.4	171	68.4	20.0	8.00	26.4	YES	296
13	0.3	200	60.0	20.0	8.00	26.1	YES	251
14	0.3	279	83.7	20.0	8.00	26.1	YES	178
15	0.3	304	91.2	20.0	8.00	26.1	YES	163
16	0.3	292	87.6	20.0	8.00	26.1	YES	170
17	0.3	297	89.1	20.0	8.00	26.1	YES	167
18	0.3	301	90.3	20.0	8.00	26.1	YES	165
19	0.3	301	90.3	20.0	8.00	26.1	YES	165
20	0.3	289	86.7	20.0	8.00	26.1	YES	172
21	0.4	318	127.2	20.0	8.00	26.4	YES	156
22	0.4	299	119.6	20.0	8.00	26.4	YES	166
23	0.4	302	120.8	20.0	8.00	26.4	YES	164
24	0.4	301	120.4	20.0	8.00	26.4	YES	165
25	0.4	304	121.6	20.0	8.00	26.4	YES	163
26	0.4	289	115.6	20.0	8.00	26.4	YES	172
27	0.4	299	119.6	20.0	8.00	26.4	YES	166
28	0.4	330	132.0	20.0	8.00	26.4	YES	150
29	0.4	302	120.8	20.0	8.00	26.4	YES	164
30	0.4	302	120.8	20.0	8.00	26.4	YES	164
31	0.4	302	120.8	20.0	8.00	26.4	YES	164

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