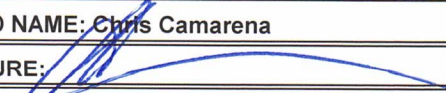


OHA - Drinking Water Services - Surface Water Quality Data Form
 Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems

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

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ²	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	CT's met everyday? (see back)	All Cl ₂ residual at entry point \geq 0.2 mg/l?
All daily turbidity readings \leq 5 NTU?	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Notes:		PRINTED NAME: Chris Camarena	
		SIGNATURE: 	
		PHONE # (541)820-3636	1/6/2025
		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: **Dec-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	0.6	314	188.4	20.0	8.00	27.0	YES	158
2	0.5	294	147.0	20.0	8.00	26.7	YES	169
3	0.5	285	142.5	20.0	8.00	26.7	YES	174
4	0.5	330	165.0	20.0	8.00	26.7	YES	150
5	0.5	322	161.0	20.0	8.00	26.7	YES	154
6	0.5	308	154.0	20.0	8.00	26.7	YES	161
7	0.6	306	183.6	10.0	8.00	52.5	YES	162
8	0.6	308	184.8	10.0	8.00	52.5	YES	161
9	0.6	366	219.6	10.0	8.00	52.5	YES	135
10	0.7	324	226.8	10.0	8.00	53.1	YES	153
11	0.7	318	222.6	10.0	8.00	53.1	YES	156
12	0.8	320	256.0	10.0	8.00	53.7	YES	155
13	0.8	330	264.0	10.0	8.00	53.7	YES	150
14	0.8	312	249.6	10.0	8.00	53.7	YES	159
15	0.8	302	241.6	10.0	8.00	53.7	YES	164
16	0.8	328	262.4	10.0	8.00	53.7	YES	151
17	0.8	318	254.4	10.0	8.00	53.7	YES	156
18	0.8	318	254.4	10.0	8.00	53.7	YES	156
19	0.8	316	252.8	10.0	8.00	53.7	YES	157
20	0.8	318	254.4	10.0	8.00	53.7	YES	156
21	0.8	306	244.8	10.0	8.00	53.7	YES	162
22	0.8	308	246.4	10.0	8.00	53.7	YES	161
23	0.8	334	267.2	10.0	8.00	53.7	YES	148
24	0.8	316	252.8	10.0	8.00	53.7	YES	157
25	0.8	301	240.8	10.0	8.00	53.7	YES	165
26	0.8	316	252.8	10.0	8.00	53.7	YES	157
27	0.6	320	192.0	10.0	8.00	52.5	YES	155
28	0.6	310	186.0	10.0	8.00	52.5	YES	161
29	0.6	312	187.2	10.0	8.00	52.5	YES	159
30	0.6	343	205.8	10.0	8.00	52.5	YES	144
31	0.6	314	188.4	10.0	8.00	52.5	YES	158

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