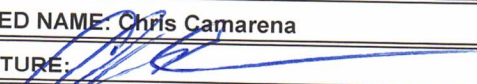


**OHA - Drinking Water Services - Surface Water Quality Data Form**  
**Slow Sand, Membrane, Diatomaceous Earth Filtration, or Unfiltered Systems**

County: **Grant**  
 Month/Year: **Feb-25**  
 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 <sup>1</sup> [NTU]
1							0.05
2							0.05
3							0.05
4							0.06
5							0.05
6							0.06
7							0.05
8							0.05
9							0.05
10							0.05
11							0.05
12							0.05
13							0.04
14							0.04
15							0.03
16							0.03
17							0.03
18							0.04
19							0.04
20							0.06
21							0.05
22							0.06
23							0.05
24							0.06
25							0.06
26							0.06
27							0.07
28							0.07
29							0.08
30							
31							

<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>	<b>Yes / No</b>	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	<b>Yes / No</b>	<b>Yes / No</b>	<b>Yes / No</b>
<b>Notes:</b>	PRINTED NAME: <b>Chris Camarena</b>		
	SIGNATURE: 		3/1/2025
	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

System Name:	Prairie City	ID# 41	00673	Month/Year: Feb-25	WTP- : A	Disinfection <i>Giardia</i> Log Inactiv: 1.0
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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	0.8	316	252.8	10.0	8.00	53.7	YES	157
2	0.8	322	257.6	10.0	8.00	53.7	YES	154
3	0.7	334	233.8	10.0	8.00	53.1	YES	148
4	0.8	326	260.8	10.0	8.00	53.7	YES	152
5	0.8	326	260.8	10.0	8.00	53.7	YES	152
6	0.8	322	257.6	10.0	8.00	53.7	YES	154
7	0.8	314	251.2	10.0	8.00	53.7	YES	158
8	0.8	332	265.6	10.0	8.00	53.7	YES	149
9	0.8	290	232.0	10.0	8.00	53.7	YES	171
10	0.8	371	296.8	10.0	8.00	53.7	YES	133
11	0.8	324	259.2	10.0	8.00	53.7	YES	153
12	0.8	324	259.2	10.0	8.00	53.7	YES	153
13	0.8	324	259.2	10.0	8.00	53.7	YES	153
14	0.8	314	251.2	10.0	8.00	53.7	YES	158
15	0.8	206	164.8	10.0	8.00	53.7	YES	244
16	0.8	262	209.6	10.0	8.00	53.7	YES	190
17	0.8	290	232.0	10.0	8.00	53.7	YES	171
18	0.8	284	227.2	10.0	8.00	53.7	YES	175
19	0.8	287	229.6	10.0	8.00	53.7	YES	173
20	0.8	290	232.0	10.0	8.00	53.7	YES	171
21	0.8	292	233.6	10.0	8.00	53.7	YES	170
22	0.8	275	220.0	10.0	8.00	53.7	YES	181
23	0.8	318	254.4	10.0	8.00	53.7	YES	156
24	0.8	279	223.2	10.0	8.00	53.7	YES	178
25	0.7	308	215.6	10.0	8.00	53.1	YES	161
26	0.4	310	124.0	10.0	8.00	51.3	YES	160
27	0.3	310	93.0	10.0	8.00	50.7	YES	160
28	0.3	292	87.6	10.0	8.00	50.7	YES	170
29								
30								
31								

<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