

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

County: **Grant**
 Month/Year: **Oct-25**

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

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² <u>Yes</u> / No All daily turbidity readings ≤ 5 NTU? Yes / <u>No</u>		Monthly Summary (Answer Yes or No) CT's met everyday? (see back) <u>Yes</u> / No All Cl2 residual at entry point ≥ 0.2 mg/l? <u>Yes</u> / No	
Notes: 		PRINTED NAME: Michiel Patterson	
		SIGNATURE: <i>[Signature]</i>	11/6/2025
		PHONE # (541)820-3636	CERT # 400250

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: **Sep-25**

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	287	143.5	20.0	7.50	22.2	YES	173
2	0.6	263	157.8	20.0	7.50	22.4	YES	189
3	0.6	324	194.4	20.0	7.50	22.4	YES	153
4	0.6	341	204.6	20.0	7.50	22.4	YES	145
5	0.6	353	211.8	20.0	7.50	22.4	YES	140
6	0.6	228	136.8	15.0	8.00	37.7	YES	219
7	0.5	337	168.5	15.0	8.00	37.3	YES	147
8	0.5	351	175.5	15.0	8.00	37.3	YES	141
9	0.5	258	129.0	15.0	8.00	37.3	YES	193
10	0.5	341	170.5	15.0	8.00	37.3	YES	145
11	0.5	341	170.5	15.0	8.00	37.3	YES	145
12	0.5	314	157.0	15.0	8.00	37.3	YES	158
13	0.5	385	192.5	15.0	8.00	37.3	YES	128
14	0.5	320	160.0	15.0	8.00	37.3	YES	155
15	0.5	326	163.0	15.0	8.00	37.3	YES	152
16	0.5	320	160.0	15.0	8.00	37.3	YES	155
17	0.5	324	162.0	15.0	8.00	37.3	YES	153
18	0.6	332	199.2	15.0	8.00	37.7	YES	149
19	0.5	332	166.0	15.0	8.00	37.3	YES	149
20	0.5	338	169.0	15.0	8.00	37.3	YES	146
21	0.5	334	167.0	15.0	8.00	37.3	YES	148
22	0.5	332	166.0	15.0	8.00	37.3	YES	149
23	0.6	339	203.4	15.0	8.00	37.7	YES	146
24	0.6	337	202.2	15.0	8.00	37.7	YES	147
25	0.6	339	203.4	15.0	8.00	37.7	YES	146
26	0.6	324	194.4	15.0	8.00	37.7	YES	153
27	0.6	363	217.8	15.0	8.00	37.7	YES	136
28	0.5	292	146.0	15.0	8.00	37.3	YES	170
29	0.5	404	202.0	15.0	8.00	37.3	YES	122
30	0.5	396	198.0	15.0	8.00	37.3	YES	143
31	0.5	244	122.0	15.0	8.00	37.3	YES	204

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:

dwpmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350