

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

County: Grant
 Month/Year: Dec-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							0.02
2							0.09
3							0.03
4							0.10
5							0.04
6							0.10
7							0.05
8							0.09
9							0.06
10							0.08
11							0.06
12							0.00
13							0.00
14							0.00
15							0.00
16							0.00
17							0.00
18							0.00
19							0.00
20							0.00
21							0.00
22							0.00
23							0.00
24							0.12
25							0.09
26							0.10
27							0.09
28							0.09
29							0.08
30							0.12
31							0.08

Slow Sand/Membrane/DE Filtration/Unfiltered	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ² Yes / No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes / <input type="radio"/> No	All Cl ₂ residual at entry point \geq 0.2 mg/l? <input checked="" type="radio"/> Yes / <input type="radio"/> No
All daily turbidity readings \leq 5 NTU? Yes / No		

Notes:
 Our turbidimeter broke on the 12th. We got it repaired and back in operation by the 24th.

PRINTED NAME: Michiel Patterson
 SIGNATURE: *Michiel Patterson*
 PHONE # (541)820-3636
 1/9/2026
 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: **Nov-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	314	157.0	15.0	8.00	37.3	YES	158
2	0.5	314	157.0	15.0	8.00	37.3	YES	158
3	0.5	314	157.0	15.0	8.00	37.3	YES	158
4	0.5	314	157.0	15.0	8.00	37.3	YES	158
5	0.4	310	124.0	15.0	8.00	36.8	YES	160
6	0.4	322	128.8	15.0	8.00	36.8	YES	154
7	0.5	301	150.5	15.0	8.00	37.3	YES	165
8	0.5	332	166.0	10.0	8.00	51.9	YES	149
9	0.5	334	167.0	10.0	8.00	51.9	YES	148
10	0.6	330	198.0	10.0	8.00	52.5	YES	150
11	0.6	370	222.0	10.0	8.00	52.5	YES	131
12	0.6	326	195.6	10.0	8.00	52.5	YES	152
13	0.6	301	180.6	10.0	8.00	52.5	YES	161
14	0.6	381	228.6	10.0	8.00	52.5	YES	127
15	0.6	332	199.2	10.0	8.00	52.5	YES	149
16	0.6	334	200.4	10.0	8.00	52.5	YES	148
17	0.6	337	202.2	10.0	8.00	52.5	YES	147
18	0.6	337	202.2	10.0	8.00	52.5	YES	147
19	0.6	334	200.4	10.0	8.00	52.5	YES	148
20	0.6	334	200.4	10.0	8.00	52.5	YES	148
21	0.6	339	203.4	10.0	8.00	52.5	YES	146
22	0.6	332	199.2	10.0	8.00	52.5	YES	149
23	0.6	334	200.4	10.0	8.00	52.5	YES	148
24	0.6	349	209.4	10.0	8.00	52.5	YES	139
25	0.6	324	194.4	10.0	8.00	52.5	YES	153
26	0.6	328	196.8	10.0	8.00	52.5	YES	151
27	0.6	326	195.6	10.0	8.00	52.5	YES	152
28	0.6	324	194.4	10.0	8.00	52.5	YES	153
29	0.6	334	200.4	10.0	8.00	52.5	YES	148
30	0.7	344	240.8	10.0	8.00	53.1	YES	141
31	0.7	322	225.4	10.0	8.00	53.1	YES	154

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

±

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