

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

County: **Grant**  
 Month/Year: **Jan-26**

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 <sup>1</sup> [NTU]
1							0.13
2							0.13
3							0.14
4							0.13
5							0.12
6							0.13
7							0.11
8							0.12
9							0.09
10							0.09
11							0.08
12							0.08
13							0.14
14							0.08
15							0.08
16							0.08
17							0.07
18							0.07
19							0.07
20							0.07
21							0.07
22							0.07
23							0.07
24							0.07
25							0.06
26							0.07
27							0.08
28							0.07
29							0.06
30							0.07
31							0.07

<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>		<b>PRINTED NAME: Michiel Patterson</b>	
		<b>SIGNATURE:</b> <i>Michiel Patterson</i>	<b>2/4/2026</b>
		<b>PHONE # (541)820-3636</b>	<b>CERT # 400250</b>

<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

WTP: A  
 Disinfection *Giardia* Log Inactiv: 1.0

System Name: Prairie City ID# 41 00673 Month/Year: Nov-25

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	0.7	313	219.1	10.0	8.00	53.1	YES	155
2	0.7	232	162.4	10.0	8.00	53.1	YES	150
3	0.7	327	228.9	10.0	8.00	53.1	YES	148
4	0.8	332	265.6	10.0	8.00	53.7	YES	146
5	0.8	334	267.2	10.0	8.00	53.7	YES	148
6	0.8	332	265.6	10.0	8.00	53.7	YES	149
7	0.7	332	232.4	10.0	8.00	53.1	YES	149
8	0.7	332	232.4	10.0	8.00	53.1	YES	149
9	0.7	332	232.4	10.0	8.00	53.1	YES	149
10	0.7	328	229.6	10.0	8.00	53.1	YES	151
11	0.6	332	199.2	10.0	8.00	52.5	YES	149
12	0.6	332	199.2	10.0	8.00	52.5	YES	149
13	0.7	341	238.7	10.0	8.00	53.1	YES	144
14	0.7	318	222.6	10.0	8.00	53.1	YES	156
15	0.7	332	232.4	10.0	8.00	53.1	YES	149
16	0.7	330	231.0	10.0	8.00	53.1	YES	150
17	0.7	318	222.6	10.0	8.00	53.1	YES	156
18	0.7	322	225.4	10.0	8.00	53.1	YES	154
19	0.7	334	233.8	10.0	8.00	53.1	YES	148
20	0.7	348	243.6	10.0	8.00	53.1	YES	142
21	0.7	328	229.6	10.0	8.00	53.1	YES	151
22	0.7	332	232.4	10.0	8.00	53.1	YES	149
23	0.7	323	226.1	10.0	8.00	53.1	YES	150
24	0.7	305	213.5	10.0	8.00	53.1	YES	159
25	0.7	332	232.4	10.0	8.00	53.1	YES	149
26	0.7	353	247.1	10.0	8.00	53.1	YES	140
27	0.5	206	103.0	10.0	8.00	51.9	YES	243
28	0.5	324	162.0	10.0	8.00	51.9	YES	153
29	0.5	330	165.0	10.0	8.00	51.9	YES	150
30	0.5	330	165.0	10.0	8.00	51.9	YES	150
31	0.5	330	165.0	10.0	8.00	51.9	YES	150

<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  
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