

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Polk

Cartridge or Bag Filtration

Month/Year: Nov-25

System Name:		City of Monmouth		ID#: 4100537		WTP ID:	TP-	A
Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day ¹ [NTU]		
1	21.62	17.17	4.45	22.00	0.03	0.03		
2	21.68	17.17	4.51	22.00	0.02	0.03		
3	21.69	17.15	4.54	22.00	0.03	0.03		
4	21.89	17.22	4.67	22.00	0.02	0.03		
5	21.90	17.20	4.70	22.00	0.02	0.03		
6	22.03	17.24	4.79	22.00	0.03	0.03		
7	22.09	17.23	4.86	22.00	0.02	0.03		
8	23.36	17.34	6.02	22.00	0.03	0.03		
9	21.85	17.09	4.76	22.00	0.03	0.03		
10	22.46	17.31	5.15	22.00	0.02	0.03		
11	22.48	17.27	5.21	22.00	0.02	0.03		
12	22.57	17.27	5.30	22.00	0.03	0.03		
13	22.54	17.27	5.27	22.00	0.02	0.03		
14	22.54	17.22	5.32	22.00	0.03	0.03		
15	22.78	17.28	5.50	22.00	0.02	0.03		
16	22.61	17.19	5.42	22.00	0.03	0.03		
17	22.80	17.17	5.63	22.00	0.03	0.03		
18	22.90	17.23	5.67	22.00	0.02	0.03		
19	22.98	17.15	5.83	22.00	0.02	0.03		
20	23.03	17.18	5.85	22.00	0.02	0.03		
21	23.17	17.20	5.97	22.00	0.03	0.03		
22	23.19	17.14	6.05	22.00	0.02	0.03		
23	23.29	17.17	6.12	22.00	0.02	0.03		
24	23.37	17.18	6.19	22.00	0.02	0.03		
25	23.64	17.29	6.35	22.00	0.03	0.03		
26	23.59	17.22	6.37	22.00	0.02	0.03		
27	23.62	17.19	6.43	22.00	0.03	0.03		
28	23.64	17.20	6.44	22.00	0.02	0.03		
29	23.56	17.15	6.41	22.00	0.02	0.03		
30	23.70	17.23	6.47	22.00	0.03	0.03		

Cartridge & Bag Filtration

95% of daily turbidity readings $\leq$ 1 NTU?

Yes / No

All daily turbidity readings $\leq$ 5 NTU?

Yes / No

Monthly Summary (Answer Yes or No)

CT's met everyday?
(see back)

Yes / No

All Cl₂ residual at entry point $\geq$ 0.2 mg/l?

Yes / No

Notes: PSI = pounds per square inch

PSID = pounds per square inch difference (before filter - after filter)

PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.

PRINTED NAME: Matt Johnson

SIGNATURE:

DATE:

PHONE #: (503) 838-2173

CERT #: 6734

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP - : A

System Name:	City of Monmouth	ID#: 4100537	Month/Year:	Nov-25	Disinfection Giardia Log Inactiv:	1
--------------	------------------	--------------	-------------	--------	---	---

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1-6:41am	0.77	85	65.5	15.1	7.18	28.2	Yes	990
2-6:44am	0.75	85	63.8	14.7	7.20	29.1	Yes	1000
3-7:06am	0.81	85	68.9	14.6	7.21	29.6	Yes	990
4-7:13am	0.78	85	66.3	14.7	7.22	29.4	Yes	1000
5-7:07am	0.86	85	73.1	14.7	7.20	29.5	Yes	990
6-7:03am	0.77	85	65.5	14.2	7.21	30.3	Yes	990
7-7:09am	0.75	85	63.8	14.3	7.25	30.4	Yes	990
8-7:01am	0.8	85	68.0	15.4	6.99	25.8	Yes	1000
9-7:17am	0.93	85	79.1	13.4	6.99	30.0	Yes	990
10-7:01am	0.71	85	60.4	12.6	7.32	34.8	Yes	990
11-6:51am	0.75	85	63.8	15.6	6.99	25.3	Yes	1000
12-7:03am	0.77	85	65.5	13.8	7.14	30.3	Yes	990
13-7:00am	0.74	85	62.9	14.4	7.14	29.0	Yes	1000
14-7:00am	0.76	85	64.6	14.6	7.15	28.8	Yes	990
15-9:35am	0.77	85	65.5	14.6	7.18	29.1	Yes	1000
16-9:25am	0.76	85	64.6	14.8	7.19	28.8	Yes	990
17-7:02am	0.78	85	66.3	14.9	7.13	28.1	Yes	1000
18-7:01am	0.78	85	66.3	12.8	7.15	32.5	Yes	990
19-7:01am	0.88	85	74.8	13.8	7.14	30.7	Yes	1615
20-7:01am	0.77	85	65.5	13.6	7.16	30.9	Yes	980
21-7:04am	0.72	85	61.2	14.2	7.16	29.5	Yes	1000
22-7:00am	0.79	85	67.2	14.2	7.16	29.8	Yes	990
23-9:08am	0.8	85	68.0	13.9	7.29	31.9	Yes	1000
24-7:02am	0.72	85	61.2	14.0	7.22	30.6	Yes	990
25-7:00am	0.84	85	71.4	14.0	7.20	30.8	Yes	1000
26-7:01am	0.88	85	74.8	14.6	7.16	29.3	Yes	990
27-5:21am	0.85	85	72.3	14.2	7.17	30.1	Yes	1000
28-7:36am	0.87	85	74.0	14.0	7.18	30.7	Yes	990
29-8:14am	0.89	85	75.7	14.4	7.22	30.4	Yes	1000
30-6:53am	0.86	85	73.1	14.3	7.29	31.3	Yes	990

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised July 2018

Return by 10th of following month by email, fax, or mail to:

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

PAGE 2 of 2