

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Polk

Cartridge or Bag Filtration

Month/Year: Apr-21

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 <sup>1</sup> [NTU]	
1	OFF	OFF	OFF	22.00	OFF	OFF	
2	OFF	OFF	OFF	22.00	OFF	OFF	
3	OFF	OFF	OFF	22.00	OFF	OFF	
4	OFF	OFF	OFF	22.00	OFF	OFF	
5	OFF	OFF	OFF	22.00	OFF	OFF	
6	OFF	OFF	OFF	22.00	OFF	OFF	
7	OFF	OFF	OFF	22.00	OFF	OFF	
8	OFF	OFF	OFF	22.00	OFF	OFF	
9	OFF	OFF	OFF	22.00	OFF	OFF	
10	OFF	OFF	OFF	22.00	OFF	OFF	
11	OFF	OFF	OFF	22.00	OFF	OFF	
12	OFF	OFF	OFF	22.00	OFF	OFF	
13	OFF	OFF	OFF	22.00	OFF	OFF	
14	OFF	OFF	OFF	22.00	OFF	OFF	
15	OFF	OFF	OFF	22.00	OFF	OFF	
16	OFF	OFF	OFF	22.00	OFF	OFF	
17	OFF	OFF	OFF	22.00	OFF	OFF	
18	OFF	OFF	OFF	22.00	OFF	OFF	
19	24.64	15.65	8.99	22.00	0.02	0.02	
20	24.94	15.65	9.29	22.00	0.02	0.02	
21	25.14	15.65	9.49	22.00	0.02	0.02	
22	25.62	15.65	9.97	22.00	0.02	0.02	
23	25.79	15.64	10.15	22.00	0.02	0.02	
24	25.96	15.64	10.32	22.00	0.01	0.02	
25	26.17	15.64	10.53	22.00	0.02	0.02	
26	26.28	15.63	10.65	22.00	0.01	0.02	
27	26.46	15.64	10.82	22.00	0.02	0.02	
28	26.60	15.64	10.96	22.00	0.01	0.02	
29	26.57	15.63	10.94	22.00	0.02	0.02	
30	26.40	15.64	10.76	22.00	0.01	0.02	

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	Yes / No	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
All daily turbidity readings ≤ 5 NTU?	Yes / No	Yes / No	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: *[Signature]* DATE: 5/3/2021  
 PHONE #: ( 503 ) 838-2173 CERT #: 6734

<sup>1</sup> 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:	Apr-21	Disinfection Giardia Log Inactiv:	1
--------------	------------------	--------------	-------------	--------	---	---

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User ( C ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1-7:33am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
2-7:38am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
3-8:26am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
4-10:02am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
5-7:33am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
6-7:31am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
7-7:24am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
8-7:31am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
9-7:33am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
10-7:43am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
11-8:29am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
12-7:29am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
13-7:33am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
14-7:34am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
15-7:35am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
16-7:33am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
17-7:39am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
18-8:14am	OFF	85	#VALUE!	OFF	OFF	#VALUE!		OFF
19-7:26am	0.83	85	70.6	15.2	7.39	30.5	Yes	850
20-7:32am	0.84	85	71.4	16.0	7.45	29.6	Yes	845
21-7:29am	0.85	85	72.3	14.9	7.42	31.5	Yes	845
22-7:39am	0.8	85	68.0	15.1	7.41	30.8	Yes	845
23-7:45am	0.85	85	72.3	14.8	7.40	31.5	Yes	851
24-7:00am	0.86	85	73.1	15.1	7.34	30.2	Yes	854
25-7:20am	0.86	85	73.1	15.4	7.41	30.4	Yes	854
26-7:34am	0.82	85	69.7	15.3	7.35	29.8	Yes	858
27-7:31am	0.84	85	71.4	15.1	7.36	30.4	Yes	855
28-7:31am	0.82	85	69.7	14.8	7.35	30.8	Yes	870
29-7:32am	0.84	85	71.4	15.2	7.40	30.6	Yes	873
30-7:28am	0.86	85	73.1	14.9	7.40	31.3	Yes	870

<sup>2</sup> If Cl<sub>2</sub> 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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

5/3/2021  
