

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

County: **Benton**
 Month/Year: **Feb-21**

System Name: **Monroe, City of** ID#: **41 00540** 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			0.096	0.097	0.091		0.10
2				0.102	0.101		0.10
3				0.104	0.108		0.11
4			0.101	0.097	0.079		0.10
5				0.106	0.102		0.11
6	Off						
7	Off						
8				0.111	0.112		0.11
9				0.102	0.104		0.10
10				0.104	0.101		0.10
11				0.107	0.098	0.070	0.11
12	Off						
13	Off						
14	Off						
15				0.090	0.074		0.09
16				0.094	0.091		0.09
17				0.092	0.090		0.09
18				0.092	0.093	0.089	0.09
19	Off						
20	Off						
21	Off						
22				0.081	0.087		0.09
23				0.083	0.080		0.08
24	Off						
25				0.087	0.088	0.085	0.09
26				0.081	0.078		0.08
27	Off						
28	Off						
29	n/a						
30	n/a						
31	n/a						

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? ²	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:	PRINTED NAME: Charles Scholz		DATE: 3-10-21
	SIGNATURE: <i>[Signature]</i>		CERT #: 6060
	PHONE #: (541) 995-6655		

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- :

TP-A

System Name: Monroe, City of

ID#: 41

00540

Month/Year: Feb-21

Disinfection *Giardia*

Log Inactiv:

0.5

Date / Time	Minimum Cl ₂ Residual at 1st User (C) ³	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
01/0800	1.48	49	72.5	8.2	7.8	30.0	YES	350
01/1200	1.50	49	73.5	8.4	7.7	28.9	YES	350
01/1600	1.70	49	83.3	8.7	7.7	28.7	YES	350
02/1200	1.33	49	65.2	8.8	7.6	27.2	YES	350
02/1600	1.25	49	61.3	9.0	7.7	27.0	YES	350
03/1200	1.40	49	68.6	9.1	7.9	29.3	YES	350
03/1600	1.75	49	85.8	8.2	7.8	31.0	YES	350
04/1200	1.21	49	59.3	8.0	7.6	28.1	YES	350
04/1600	1.84	49	90.2	8.0	7.7	31.1	YES	350
04/2000	1.97	49	96.5	7.8	7.7	32.1	YES	350
05/1200	1.76	49	86.2	8.1	7.8	31.2	YES	350
05/1600	1.72	49	84.3	8.4	8.0	32.7	YES	350
06/Off								
07/Off								
08/1200	1.51	49	74.0	8.1	7.8	30.3	YES	350
08/1600	1.91	49	93.6	8.4	7.9	33.1	YES	350
09/1200	1.60	49	78.4	8.6	7.9	31.5	YES	350
09/1600	1.98	49	97.0	8.3	7.8	32.6	YES	350
10/1200	1.65	49	80.9	8.5	7.7	29.6	YES	350
10/1600	1.71	49	83.8	8.5	7.8	30.9	YES	350
11/1200	1.54	49	75.5	8.1	7.8	31.0	YES	350
11/1600	1.75	49	85.8	8.1	7.8	31.1	YES	350
11/2000	1.77	49	86.7	7.8	7.9	33.3	YES	350
12/Off								
13/Off								
14/Off								
15/1200	0.86	49	42.1	8.6	8.0	29.3	YES	350
15/1600	1.64	49	80.4	8.7	7.8	29.6	YES	350
16/1200	1.15	49	56.4	8.9	7.7	27.0	YES	350
16/1600	1.98	49	97.0	8.9	7.9	31.7	YES	350
17/1200	1.61	49	78.9	8.8	7.7	28.9	YES	350
17/1600	2.06	49	100.9	8.7	7.9	33.2	YES	350
18/1200	1.46	49	71.5	8.9	7.9	29.8	YES	350
18/1600	1.71	49	83.8	8.6	7.8	30.4	YES	350
18/2000	2.10	49	102.9	8.3	7.9	34.2	YES	350
19/Off								
20/Off								
21/Off								
22/0800	1.56	49	76.4	8.8	7.8	29.7	YES	350
22/1200	1.71	49	83.8	9.3	7.8	28.8	YES	350
23/1200	1.40	49	68.6	9.2	7.9	29.1	YES	350
23/1600	1.89	49	92.6	9.4	7.8	29.4	YES	350
24/Off								
25/0800	1.58	49	77.4	9.2	7.8	28.9	YES	350
25/1200	1.66	49	81.3	9.1	7.8	29.6	YES	350
25/1600	1.76	49	86.2	9.0	7.7	29.2	YES	350
26/0800	1.41	49	69.1	9.2	7.9	29.7	YES	350
26/1200	1.72	49	84.3	9.0	7.8	29.5	YES	350
27/Off								
28/Off								

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

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