

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

County: **Benton**
 Month/Year: **Nov-22**

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				0.062	0.055		0.06
2				0.074	0.073		0.07
3				0.068	0.062		0.07
4			0.075	0.064			0.08
5	Off						
6	Off						
7				0.110	0.122		0.12
8			0.110	0.109			0.11
9			0.104	0.084			0.10
10			0.088	0.070			0.09
11	Off						
12	Off						
13	Off						
14			0.079	0.071	0.072		0.08
15			0.083	0.070	0.080		0.08
16			0.088	0.089			0.09
17			0.097	0.092			0.10
18			0.088	0.077			0.09
19	Off						
20	Off						
21			0.105	0.112	0.115		0.12
22			0.112	0.089	0.074		0.11
23			0.094	0.067	0.070		0.09
24	Off						
25	Off						
26	Off						
27	Off						
28			0.174	0.064	0.069		0.17
29				0.140	0.069		0.14
30				0.090	0.088		0.09
31							

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) Yes / No	All Cl ₂ residual at entry point ≥ 0.2 mg/l? Yes / No
All daily turbidity readings ≤ 5 NTU? Yes / No		

Notes:

PRINTED NAME: **Charles Scholz**
 SIGNATURE: *[Signature]* DATE: **11-25-22**
 PHONE #: (541) 995-8655 CERT #: 6060

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
 Disinfection *Giardia*
 Log Inactiv: 0.5

System Name: Monroe, City of ID#: 41 00540 Month/Year: Nov-22

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]
	01/1200	1.37	49	67.1	14.7	7.9	19.8	YES
01/1600	1.85	49	90.7	14.3	7.9	21.6	YES	350
02/1200	1.50	49	73.5	14.2	8.0	21.7	YES	350
02/1600	1.66	49	81.3	13.4	8.0	23.8	YES	350
03/1200	1.12	49	54.9	13.4	7.8	20.3	YES	350
03/1600	1.95	49	95.6	12.0	7.9	25.8	YES	350
04/0800	1.49	49	73.0	12.2	8.2	26.4	YES	350
04/1200	1.84	49	90.2	11.7	7.8	24.7	YES	350
05/Off								
06/Off								
07/1200	1.39	49	68.1	11.9	7.7	23.0	YES	350
07/1600	1.78	49	87.2	10.3	7.8	27.7	YES	350
08/0800	1.27	49	62.2	10.5	7.6	24.1	YES	350
08/1200	1.94	49	95.1	9.4	7.8	29.1	YES	350
09/0800	1.33	49	65.2	9.7	8.1	30.3	YES	350
09/1200	1.60	49	78.4	9.3	7.8	28.8	YES	350
10/0800	1.55	49	76.0	9.4	8.1	31.5	YES	350
10/1200	1.81	49	88.7	9.0	7.7	29.3	YES	350
11/Off								
12/Off								
13/Off								
14/0800	0.77	49	37.7	10.0	8.1	27.5	YES	350
14/1200	2.07	49	101.4	8.3	8.1	35.8	YES	350
14/1600	1.63	49	79.9	8.1	7.7	29.7	YES	350
15/0800	1.10	49	53.9	8.3	7.9	29.7	YES	350
15/1200	1.98	49	97.0	7.4	7.8	33.9	YES	350
15/1600	2.20	49	107.8	7.3	7.6	32.5	YES	350
16/0800	1.97	49	96.5	7.4	8.2	39.8	YES	350
16/1200	1.55	49	76.0	6.8	7.6	31.2	YES	350
17/0800	1.14	49	55.9	7.2	7.9	32.8	YES	350
17/1200	1.88	49	92.1	6.1	7.7	35.8	YES	350
18/0800	1.49	49	73.0	6.6	7.6	32.1	YES	350
18/1200	2.20	49	107.8	5.6	7.8	40.0	YES	350
19/Off								
20/Off								
21/0800	1.68	49	82.3	6.5	8.0	38.2	YES	350
21/1200	1.65	49	80.9	5.6	7.7	35.2	YES	350
21/1600	1.97	49	96.5	5.2	7.9	40.6	YES	350
22/0800	1.96	49	96.0	5.2	8.1	45.0	YES	350
22/1200	1.58	49	77.4	5.4	8.0	39.9	YES	350
22/1600	1.44	49	70.6	5.3	8.1	41.5	YES	350
23/0800	1.48	49	72.5	5.8	8.0	39.1	YES	350
23/1200	1.46	49	71.5	5.7	7.8	36.2	YES	350
23/1600	1.96	49	96.0	5.6	8.3	45.9	YES	350
24/Off								
25/Off								
26/Off								
27/Off								
28/0800	1.05	49	51.5	7.0	7.6	29.7	YES	350
28/1200	1.98	49	97.0	7.2	7.8	34.8	YES	350
28/1600	1.92	49	94.1	7.0	7.8	34.5	YES	350

29/1200	1.35	49	66.2	7.3	8.0	33.7	YES	350
29/1600	1.83	49	89.7	6.6	8.0	37.7	YES	350
30/1200	1.25	49	61.3	6.8	8.0	34.6	YES	350
30/1600	1.41	49	69.1	6.7	8.0	35.5	YES	350

³ 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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

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