

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

County: **Benton**
 Month/Year: **Apr-23**

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	Off						
2	Off						
3			0.065	0.069			0.07
4			0.068	0.058			0.07
5			0.055	0.054			0.06
6			0.056	0.058			0.06
7			0.051	0.000			0.05
8	Off						
9	Off						
10			0.063	0.072			0.07
11			0.055	0.075			0.08
12			0.079	0.063			0.08
13			0.067	0.063			0.07
14			0.055	0.059			0.06
15	Off						
16	Off						
17			0.062	0.065			0.07
18			0.067	0.062			0.07
19	Off						
20				0.073	0.068		0.07
21			0.062	0.060			0.06
22	Off						
23	Off						
24				0.081	0.061		0.08
25			0.052	0.051			0.05
26					0.078		0.08
27			0.070	0.074	0.077		0.08
28			0.058	0.077	0.052		0.08
29	Off						
30	Off						
31							

Slow Sand/Membrane/DE Filtration/Unfiltered 95% of daily turbidity readings ≤ 1 NTU? ² Yes / No All daily turbidity readings ≤ 5 NTU? Yes / No	Monthly Summary (Answer Yes or No) CT's met everyday? (see back) Yes / No All Cl2 residual at entry point ≥ 0.2 mg/l? Yes / No	
	PRINTED NAME: Charles Scholz SIGNATURE: <i>[Signature]</i> DATE: 5-3-23 PHONE #: (541) 995-6655 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: Apr-23

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/Off								
02/Off								
03/0800	0.95	49	46.6	9.2	7.9	27.4	YES	350
03/1200	1.11	49	54.4	9.0	7.5	25.1	YES	350
04/0800	0.77	49	37.7	9.1	8.0	28.4	YES	350
04/1200	2.00	49	98.0	9.0	8.0	32.9	YES	350
05/0800	1.68	49	82.3	9.0	7.9	30.9	YES	350
05/1200	2.20	49	107.8	9.2	8.0	33.6	YES	350
06/0800	1.54	49	75.5	9.4	8.1	31.7	YES	350
06/1200	1.56	49	76.4	9.8	7.9	28.9	YES	350
07/0800	1.56	49	76.4	9.9	8.0	29.7	YES	350
08/Off								
09/Off								
10/0800	0.60	49	29.4	10.4	7.7	23.3	YES	350
10/1200	1.82	49	89.2	10.8	7.9	27.9	YES	350
11/0800	1.33	49	65.2	10.9	8.1	27.4	YES	350
11/1200	1.29	49	63.2	10.2	7.8	26.0	YES	350
12/0800	0.61	49	29.9	10.2	7.8	24.4	YES	350
12/1200	2.66	49	130.3	10.5	8.3	35.4	YES	350
13/0800	1.50	49	73.5	10.6	7.9	27.2	YES	350
13/1200	2.14	49	104.9	10.3	8.2	32.7	YES	350
14/0800	1.49	49	73.0	10.5	7.9	27.5	YES	350
14/1200	1.73	49	84.8	10.8	7.9	27.7	YES	350
15/Off								
16/Off								
17/0800	0.80	49	39.2	11.2	8.1	25.8	YES	350
17/1200	1.60	49	78.4	11.0	8.0	27.3	YES	350
18/0800	1.10	49	53.9	10.9	8.1	26.9	YES	350
18/1200	0.52	49	25.5	10.6	7.8	23.3	YES	350
19/Off								
20/1200	1.25	49	61.3	10.5	7.8	25.1	YES	350
20/1600	1.71	49	83.8	10.3	7.8	27.3	YES	350
21/0800	0.71	49	34.8	10.4	7.8	24.4	YES	350
21/1200	2.07	49	101.4	10.5	8.0	29.8	YES	350
22/Off								
23/Off								
24/1200	0.82	49	40.2	10.8	7.6	22.3	YES	350
24/1600	3.04	49	149.0	12.6	8.1	30.0	YES	350
25/0800	1.68	49	82.3	12.8	8.1	25.8	YES	350
25/1200	2.76	49	135.2	12.3	8.2	30.5	YES	350
26/1600	1.80	49	88.2	12.4	8.0	25.4	YES	350
27/0800	1.70	49	83.3	13.3	8.0	24.1	YES	350
27/1200	2.14	49	104.9	13.5	7.9	24.2	YES	350
27/1600	1.83	49	89.7	14.3	8.0	22.5	YES	350
28/0800	1.31	49	64.2	14.6	8.0	21.0	YES	350
28/1200	1.29	49	63.2	14.2	8.0	21.6	YES	350
28/1600	1.31	49	64.2	14.7	7.8	19.6	YES	350
29/Off								
30/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.dmce@state.or.us; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350

PAGE 2 of 2