

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

County: **Benton**
 Month/Year: **Apr-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				0.081	0.082		0.08
2				0.092	0.088		0.09
3	Off						
4	Off						
5	Off						
6					0.101	0.095	0.10
7				0.102	0.097		0.10
8				0.088	0.088		0.09
9				0.088	0.087		0.09
10	Off						
11	Off						
12				0.093	0.094		0.09
13				0.095	0.101		0.10
14				0.102	0.101		0.10
15					0.105	0.103	0.11
16				0.110	0.107		0.11
17	Off			0.103	0.101		0.10
18	Off						
19				0.103	0.101		0.10
20				0.101	0.098		0.10
21				0.102	0.100		0.10
22				0.108	0.110		0.11
23				0.110	0.102		0.11
24	Off						
25	Off						
26				0.102			0.10
27					0.110	0.111	0.11
28					0.100	0.108	0.11
29				0.103	0.112		0.11
30				0.101		0.110	0.11
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ²	<input checked="" type="radio"/> Yes / <input type="radio"/> No	CT's met everyday? (see back)	All Cl2 residual at entry point \geq 0.2 mg/l?
All daily turbidity readings \leq 5 NTU?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No	<input checked="" type="radio"/> Yes / <input type="radio"/> No

Notes:

PRINTED NAME: Charles Scholz
SIGNATURE: <i>[Signature]</i>
PHONE #: (541) 995-6655
DATE: 5-7-21
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-21

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	1.01	49	49.5	12.2	8.0	23.6	YES	350
01/1600	1.60	49	78.4	13.0	7.9	23.2	YES	350
02/1200	1.15	49	56.4	12.5	7.9	22.4	YES	350
02/1600	1.56	49	76.4	13.6	7.8	21.2	YES	350
03/Off								
04/Off								
05/Off								
06/1200	0.77	49	37.7	13.1	7.9	21.0	YES	350
06/1600	1.70	49	83.3	13.8	8.0	22.9	YES	350
07/1200	1.23	49	60.3	13.6	8.0	21.9	YES	350
07/1600	1.68	49	82.3	12.6	7.8	23.3	YES	350
08/1200	1.46	49	71.5	12.6	7.9	23.6	YES	350
08/1600	1.46	49	71.5	12.9	7.8	22.1	YES	350
09/1200	1.08	49	52.9	13.0	7.8	21.0	YES	350
09/1600	1.43	49	70.1	13.1	7.8	21.8	YES	350
10/Off								
11/Off								
12/1200	0.83	49	40.7	13.1	7.9	21.3	YES	350
12/1600	1.56	49	76.4	13.3	7.8	21.8	YES	350
13/1200	1.06	49	51.9	12.9	8.0	22.4	YES	350
13/1600	1.55	49	76.0	13.7	7.8	21.1	YES	350
14/1200	1.05	49	51.5	13.9	7.8	19.8	YES	350
14/1600	1.48	49	72.5	14.8	7.9	20.3	YES	350
15/1200	1.10	49	53.9	14.1	7.9	20.3	YES	350
15/1600	1.56	49	76.4	16.4	7.9	18.5	YES	350
16/1200	1.01	49	49.5	15.9	7.8	17.0	YES	350
16/1600	1.50	49	73.5	15.9	8.0	19.4	YES	350
17/Off								
18/Off								
19/1200	1.12	49	54.9	16.6	7.8	16.4	YES	350
19/1600	1.39	49	68.1	18.4	7.8	15.0	YES	350
20/1200	1.14	49	55.9	18.3	7.7	14.4	YES	350
20/1600	1.48	49	72.5	18.4	7.8	15.7	YES	350
21/1200	1.07	49	52.4	18.0	7.7	14.7	YES	350
21/1600	1.58	49	77.4	19.3	7.8	14.5	YES	350
22/1200	1.20	49	58.8	18.8	7.9	15.3	YES	350
22/1600	1.51	49	74.0	18.6	7.8	15.1	YES	350
23/1200	1.27	49	62.2	18.2	7.8	15.0	YES	350
23/1600	1.31	49	64.2	18.3	7.8	15.2	YES	350
24/Off								
25/Off								
26/1200	1.05	49	51.5	18.1	7.8	14.9	YES	350
27/1600	1.24	49	60.8	16.3	7.9	17.8	YES	350
27/2000	1.56	49	76.4	16.9	7.8	17.2	YES	350
28/1600	1.14	49	55.9	17.1	7.8	15.9	YES	350
28/2000	1.55	49	76.0	18.5	7.7	14.9	YES	350
29/1200	1.10	49	53.9	18.0	7.9	16.0	YES	350
29/1600	1.55	49	76.0	18.3	7.8	15.7	YES	350
30/1200	1.10	49	53.9	18.5	8.0	15.6	YES	350
30/2000	1.56	49	76.4	19.5	7.9	14.8	YES	350

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