

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

County: **Benton**
 Month/Year: **May-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							
2							
3			0.111	0.112	0.107		0.11
4				0.112	0.108		0.11
5				0.110	0.112		0.11
6				0.113	0.107	0.117	0.12
7	Off						
8	Off						
9	Off						
10				0.117	0.112		0.12
11				0.110	0.117		0.12
12				0.113	0.116		0.12
13					0.108	0.116	0.12
14				0.114	0.118	0.116	0.12
15							
16							
17				0.123	0.121		0.12
18				0.121	0.120	0.124	0.12
19				0.122	0.120		0.12
20				0.120	0.124		0.12
21				0.126	0.124		0.13
22							
23							
24				0.120	0.117		0.12
25				0.125	0.127		0.13
26				0.123	0.124		0.12
27					0.128	0.125	0.13
28				0.121	0.126	0.129	0.13
29							
30							
31							

Slow Sand/Membrane/DE Filtration/Unfiltered		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings \leq 1 NTU? ²	Yes / 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?	Yes / No	Yes / No	Yes / No

Notes:

PRINTED NAME: **Charles Scholz**
 SIGNATURE: *[Signature]* DATE: **6-10-21**
 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: May-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/Off								
02/Off								
03/0800	1.10	49	53.9	18.5	8.0	15.6	YES	350
03/1200	1.50	49	73.5	17.9	7.8	15.9	YES	350
03/1600	1.30	49	63.7	18.3	7.7	14.7	YES	350
04/1200	1.07	49	52.4	18.3	7.7	14.1	YES	350
04/1600	1.50	49	73.5	19.4	7.8	14.6	YES	350
05/1200	1.02	49	50.0	19.2	7.8	13.9	YES	350
05/1600	1.53	49	75.0	19.5	8.0	15.3	YES	350
06/1200	1.03	49	50.5	19.9	7.8	13.3	YES	350
06/1600	1.50	49	73.5	19.4	7.8	14.7	YES	350
06/2000	1.57	49	76.9	19.2	7.8	14.5	YES	350
07/Off								
08/Off								
10/1200	0.83	49	40.7	18.3	8.0	15.4	YES	350
10/1600	1.56	49	76.4	19.0	7.9	15.6	YES	350
11/1200	1.10	49	53.9	18.4	7.8	14.8	YES	350
11/1600	1.42	49	69.6	19.6	7.8	14.2	YES	350
12/1200	1.05	49	51.5	19.4	7.8	13.6	YES	350
12/1600	1.59	49	77.9	20.6	7.9	14.2	YES	350
13/1600	1.05	49	51.5	21.5	7.9	12.3	YES	350
13/2000	1.58	49	77.4	21.8	7.9	13.0	YES	350
14/1200	1.10	49	53.9	20.6	7.8	12.9	YES	350
14/1600	1.60	49	78.4	21.9	8.0	13.2	YES	350
14/2000	1.32	49	64.7	22.3	7.8	11.8	YES	350
15/Off								
16/Off								
17/1200	0.79	49	38.7	21.5	8.1	13.1	YES	350
17/1600	1.59	49	77.9	22.4	8.0	12.6	YES	350
18/1200	1.03	49	50.5	21.3	7.8	12.1	YES	350
18/1600	1.56	49	76.4	20.8	7.9	13.5	YES	350
18/2000	1.47	49	72.0	20.8	7.8	13.1	YES	350
19/1200	1.05	49	51.5	20.6	7.8	12.4	YES	350
19/1600	1.53	49	75.0	19.2	7.9	15.0	YES	350
20/1200	1.43	49	70.1	18.6	7.9	15.8	YES	350
20/1600	1.60	49	78.4	17.9	7.8	16.4	YES	350
21/1200	1.34	49	65.7	17.2	7.8	16.7	YES	350
21/1600	1.85	49	90.7	17.6	7.7	16.6	YES	350
22/Off								
23/Off								
24/1200	1.03	49	50.5	17.6	7.6	14.5	YES	350
24/1600	1.96	49	96.0	17.2	8.0	18.9	YES	350
25/1200	1.45	49	71.1	17.4	7.8	16.6	YES	350
25/1600	1.81	49	88.7	18.3	7.9	16.6	YES	350
26/1200	1.20	49	58.8	17.8	8.1	17.4	YES	350
26/1600	1.87	49	91.6	18.7	7.7	15.0	YES	350
27/1600	1.42	49	69.6	19.2	7.7	14.0	YES	350
27/2000	1.68	49	82.3	19.2	7.8	15.1	YES	350
28/1200	1.38	49	67.6	19.2	7.7	13.7	YES	350
28/1600	1.48	49	72.5	19.9	7.9	14.2	YES	350
28/2000	1.70	49	83.3	20.1	7.9	14.7	YES	350

29/Off									
30/Off									
31/Off									

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