

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant

Cartridge or Bag Filtration

Month/Year: October/2022

System Name: Monument, City of ID#: 41 00541 WTP ID: TP- A

Day	PSI Before Filter	PSI After Filter	PSID	PSID When to Change Filter	Daily Turbidity Reading [NTU]	Highest Reading of the day ¹ [NTU]
1	16.00	10.00	6.00	25	0.19	0.19
2	18.00	10.00	8.00	25	0.13	0.13
3	20.00	10.00	10.00	25	0.30	0.30
4	20.00	10.00	10.00	25	0.21	0.21
5	22.00	10.00	12.00	25	0.11	0.11
6	20.00	10.00	10.00	25	0.15	0.15
7	20.00	10.00	10.00	25	0.17	0.17
8	26.00	10.00	16.00	25	0.13	0.13
9	28.00	10.00	18.00	25	0.20	0.20
10	29.00	10.00	19.00	25	0.20	0.20
11	31.00	10.00	21.00	25	0.15	0.15
12	70.00	10.00	60.00	25	0.21	0.21
13	8.00	8.00	0.00	25	0.15	0.15
14	8.00	8.00	0.00	25	0.21	0.21
15	8.00	8.00	0.00	25	0.27	0.27
16	8.00	10.00	-2.00	25	0.29	0.29
17	8.00	8.00	0.00	25	0.20	0.20
18	8.00	8.00	0.00	25	0.18	0.18
19	8.00	8.00	0.00	25	0.25	0.25
20	8.00	8.00	0.00	25	0.26	0.26
21	9.00	8.00	1.00	25	0.15	0.15
22	8.00	8.00	0.00	25	0.22	0.22
23	8.00	8.00	0.00	25	0.24	0.24
24	8.00	8.00	0.00	25	0.22	0.22
25	8.00	8.00	0.00	25	0.15	0.15
26	0.00	0.00	0.00	25	0.18	0.18
27	0.00	0.00	0.00	25	0.18	0.18
28	8.00	8.00	0.00	25	0.22	0.22
29	0.00	0.00	0.00	25	0.21	0.21
30	8.00	8.00	0.00	25	16.00	16.00
31	0.00	0.00	0.00	25	22.00	22.00

Cartridge & Bag Filtration		Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU?	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: PSI = pounds per square inch
 PSID = pounds per square inch difference (before filter - after filter)
 PSID When to Change Filter = look in manual for manufacturer's specifications when to change the filter, at what PSID.

PRINTED NAME: *Paul Goehrling*
 SIGNATURE: *[Signature]* DATE: *11-3-22*
 PHONE #: *(711) 488-2437* CERT # *09049*

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in Daily Turbidity Reading column may not correspond to continuous readings' maximum.

OHA - Drinking Water Services - Surface Water Quality Data Form

WTP - : A

System Name:

Monument, City of

ID#: 41 00541

Month/Ye

Oct-22

Disinfection
Giardia Log
Inactiv:

0.5

$$CT_{actual} = C_{well}(53 \text{ min.}) + C_{reservoir}(69 \text{ min.})$$

Date	Cl ₂ Residual before filters (C _{well})	Cl ₂ Residual at res. outlet (C _{reservoir}) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[ppm or mg/L]	[minutes]	formula	[° C]		formula	Yes / No	[GPM]
1	0.1	1.6	53/69	115.7	17.0	6.80	11.8	YES	50
2	0.1	0.9	53/69	67.4	18.0	6.70	9.0	YES	45
3	0.2	1.8	53/69	134.8	17.0	6.90	10.5	YES	31
4	0.1	1.7	53/69	122.6	17.0	6.90	10.3	YES	30
5	0.1	0.9	53/69	67.4	17.0	7.00	10.7	YES	28
6	0.1	1.9	53/69	136.4	17.0	6.90	10.3	YES	40
7	0.1	1.7	53/69	122.6	17.0	6.90	10.3	YES	20
8	0.1	0.9	53/69	67.4	17.0	6.80	10.0	YES	27
9	0.2	1.2	53/69	93.4	17.0	6.90	10.5	YES	30
10	0.1	0.9	53/69	67.4	16.0	6.90	11.1	YES	34
11	0.1	1.5	53/69	108.8	17.0	6.90	10.3	YES	33
12	0.1	1.6	53/69	115.7	17.0	6.90	10.3	YES	40
13	0.1	0.6	53/69	46.7	16.0	6.80	10.7	YES	26
14	0.2	1.3	53/69	100.3	16.0	6.80	10.8	YES	31
15	0.1	1.2	53/69	88.1	17.0	6.80	10.0	YES	34
16	0.1	0.9	53/69	67.4	17.0	6.80	10.0	YES	31
17	0.1	1.1	53/69	81.2	16.0	6.80	10.7	YES	25
18	0.1	1.4	53/69	101.9	16.0	6.90	11.1	YES	27
19	0.1	1.2	53/69	88.1	16.0	6.80	10.7	YES	29
20	0.1	1.4	53/69	101.9	16.0	6.80	10.7	YES	28
21	0.2	1.4	53/69	107.2	16.0	7.00	11.6	YES	38
22	0.1	1	53/69	74.3	16.0	6.90	11.1	YES	30
23	0.1	1.2	53/69	88.1	16.0	6.80	10.7	YES	36
24	0.2	1.1	53/69	86.5	16.0	6.90	11.2	YES	24
25	0.2	0.8	53/69	65.8	15.0	6.90	12.0	YES	25
26	0.1	0.6	53/69	46.7	15.0	6.90	11.8	YES	19
27	0.1	0.8	53/69	60.5	15.0	7.00	12.3	YES	20
28	0.1	0.9	53/69	67.4	15.0	6.70	11.0	YES	30
29	0.1	1	53/69	74.3	15.0	6.90	11.8	YES	20
30	0.2	0.9	53/69	72.7	15.0	6.90	12.0	YES	22
31	0.1	0.8	53/69	60.5	15.0	7.00	12.3	YES	15

² If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised Aug. 24, 2022

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