

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant  
Month/Year: Nov-22

Cartridge or Bag Filtration

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 <sup>1</sup> [NTU]
1	8.00	8.00	0.00	25	0.22	0.22
2	0.00	0.00	0.00	25	0.24	0.24
3	0.00	0.00	0.00	25	0.19	0.19
4	8.00	8.00	0.00	25	0.26	0.26
5	10.00	9.00	1.00	25	0.36	0.36
6	0.00	0.00	0.00	25	0.35	0.35
7	10.00	9.00	1.00	25	0.39	0.39
8	0.00	0.00	0.00	25	0.34	0.34
9	10.00	9.00	1.00	25	0.33	0.33
10	0.00	0.00	0.00	25	0.37	0.37
11	0.00	0.00	0.00	25	0.24	0.24
12	10.00	9.00	1.00	25	0.31	0.31
13	0.00	0.00	0.00	25	0.27	0.27
14	0.00	0.00	0.00	25	0.24	0.24
15	0.00	0.00	0.00	25	0.35	0.35
16	0.00	0.00	0.00	25	0.26	0.26
17	0.00	0.00	0.00	25	0.27	0.27
18	10.00	9.00	1.00	25	0.25	0.25
19	0.00	0.00	0.00	25	0.28	0.28
20	0.00	0.00	0.00	25	0.19	0.19
21	0.00	0.00	0.00	25	0.19	0.19
22	0.00	0.00	0.00	25	0.24	0.24
23	9.00	9.00	0.00	25	0.11	0.11
24	0.00	0.00	0.00	25	0.19	0.19
25	0.00	0.00	0.00	25	0.26	0.26
26	0.00	0.00	0.00	25	0.17	0.17
27	10.00	9.00	1.00	25	0.24	0.24
28	0.00	0.00	0.00	25	0.13	0.13
29	0.00	0.00	0.00	25	0.20	0.20
30				25		
31				25		

<b>Cartridge &amp; Bag Filtration</b>		<b>Monthly Summary (Answer Yes or No)</b>	
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: VIK GOEHRING  
 SIGNATURE: [Signature] DATE: 12-7-22  
 PHONE #: (541) 408-2437 CERT #09043

<sup>1</sup> 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

<b>System Name:</b>	Monument, City of	ID#: 41 00541	Month/Ye Nov-22	WTP- : A
				Disinfection Giardia Log Inactiv: 0.5

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

Date	Cl <sub>2</sub> Residual before filters (C <sub>well</sub> )	Cl <sub>2</sub> Residual at res. outlet (C <sub>reservoir</sub> ) <sup>2</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>2</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[ppm or mg/L]	[minutes]	formula	[° C]		formula	Yes / No	[GPM]
1	0.1	0.7	53/69	53.6	15.0	7.00	13.2	YES	20
2	0.1	0.8	53/69	60.5	14.0	7.00	13.1	YES	17
3	0.1	0.7	53/69	53.6	14.0	7.00	13.1	YES	15
4	0.1	0.6	53/69	46.7	14.0	7.00	13.1	YES	20
5	0.1	0.7	53/69	53.6	14.0	6.90	12.7	YES	25
6	0.1	0.8	53/69	60.5	14.0	7.00	13.1	YES	30
7	0.1	0.9	53/69	67.4	14.0	6.90	12.7	YES	0
8	0.1	0.7	53/69	53.6	14.0	7.00	13.1	YES	17
9	0.1	0.9	53/69	67.4	13.0	6.50	11.7	YES	0
10	0.2	0.7	53/69	58.9	13.0	6.90	13.7	YES	0
11	0.1	0.6	53/69	46.7	13.0	6.90	13.5	YES	21
12	0.1	0.5	53/69	39.8	13.0	7.00	14.0	YES	18
13	0.1	0.4	53/69	32.9	13.0	7.00	14.0	YES	27
14	0.2	0.6	53/69	52.0	13.0	7.10	14.7	YES	17
15	0.1	0.8	53/69	60.5	13.0	7.00	14.0	YES	18
16	0.1	0.7	53/69	53.6	12.0	6.90	14.9	YES	18
17	0.1	0.7	53/69	53.6	12.0	6.90	14.9	YES	20
18	0.1	0.6	53/69	46.7	11.0	7.20	17.5	YES	18
19	0.1	0.6	53/69	46.7	12.0	7.00	15.4	YES	20
20	0.1	0.5	53/69	39.8	11.0	7.00	16.4	YES	0
21	0.1	0.6	53/69	46.7	12.0	6.90	14.9	YES	21
22	0.1	0.6	53/69	46.7	11.0	7.20	17.5	YES	0
23	0.1	0.6	53/69	46.7	12.0	6.90	14.9	YES	0
24	0.1	1	53/69	74.3	13.0	6.90	13.5	YES	30
25	0.1	0.9	53/69	67.4	12.0	7.00	15.4	YES	21
26	0.1	0.8	53/69	60.5	13.0	6.90	13.5	YES	27
27	0.1	0.7	53/69	53.6	12.0	7.00	15.4	YES	24
28	0.2	0.5	53/69	45.1	11.0	7.20	17.7	YES	16
29	0.1	0.5	53/69	39.8	12.0	6.90	14.9	YES	0
30	0.1	0.5	53/69	39.8	13.0	7.20	15.1	YES	36
31			53/69	0.0				NO	

<sup>2</sup> If Cl<sub>2</sub> 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