

OHA - Drinking Water Services - Surface Water Quality Data Form

Cartridge or Bag Filtration

County: Grant

Month/Year: Dec-22

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	0.00	0.00	0.00	25	0.20	0.20
2	10.00	9.00	1.00	25	0.13	0.13
3	0.00	0.00	0.00	25	0.28	0.28
4	0.00	0.00	0.00	25	0.28	0.28
5	10.00	9.00	1.00	25	0.23	0.23
6	0.00	0.00	0.00	25	0.25	0.25
7	0.00	0.00	0.00	25	0.23	0.23
8	10.00	10.00	0.00	25	0.17	0.17
9	0.00	0.00	0.00	25	0.25	0.25
10	10.00	10.00	0.00	25	0.22	0.22
11	0.00	0.00	0.00	25	0.29	0.29
12	0.00	0.00	0.00	25	0.24	0.24
13	11.00	10.00	1.00	25	0.19	0.19
14	0.00	0.00	0.00	25	0.15	0.15
15	0.00	0.00	0.00	25	0.19	0.19
16	0.00	0.00	0.00	25	0.17	0.17
17	12.00	10.00	2.00	25	0.11	0.11
18	0.00	0.00	0.00	25	0.13	0.13
19	0.00	0.00	0.00	25	0.16	0.16
20	0.00	0.00	0.00	25	0.19	0.19
21	0.00	0.00	0.00	25	0.18	0.18
22	0.00	0.00	0.00	25	0.28	0.28
23	14.00	10.00	4.00	25	0.18	0.18
24	0.00	0.00	0.00	25	0.33	0.33
25	14.00	10.00	4.00	25	0.53	0.53
26	14.00	10.00	4.00	25	0.53	0.53
27	14.00	10.00	4.00	25	0.38	0.38
28	0.00	0.00	0.00	25	0.16	0.16
29	0.00	0.00	0.00	25	0.32	0.32
30	0.00	0.00	0.00	25	0.34	0.34
31	0.00	0.00	0.00	25	0.32	0.32

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: VAT GOEDHEIJNS  
 SIGNATURE: [Signature] DATE: 1-3-23  
 PHONE #: (621) 400-2437 CERT #: 9043

<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

WTP: - A

System Name:

Monument, City of

ID#: 41 00541

Month/Ye

Dec-22

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	0.5	53/69	39.8	12.0	7.00	16.1	YES	17
2	0.1	0.6	53/69	46.7	12.0	7.30	17.0	YES	0
3	0.1	0.6	53/69	46.7	12.0	7.10	15.9	YES	25
4	0.1	0.9	53/69	67.4	12.0	7.00	15.4	YES	18
5	0.1	0.8	53/69	60.5	12.0	7.20	16.5	YES	0
6	0.1	0.7	53/69	53.6	12.0	7.10	15.9	YES	20
7	0.1	0.7	53/69	53.6	10.0	7.30	19.4	YES	32
8	0.1	0.6	53/69	46.7	11.0	7.10	17.0	YES	0
9	0.1	0.4	53/69	32.9	11.0	7.10	17.0	YES	16
10	0.1	0.5	53/69	39.8	12.0	6.90	14.9	YES	20
11	0.2	0.8	53/69	65.8	12.0	7.00	15.6	YES	0
12	0.1	0.9	53/69	67.4	10.0	7.10	18.1	YES	18
13	0.1	0.9	53/69	67.4	11.0	7.30	18.2	YES	0
14	0.1	0.8	53/69	60.5	12.0	7.10	15.9	YES	23
15	0.2	1.1	53/69	86.5	11.0	7.10	17.1	YES	16
16	0.1	0.8	53/69	60.5	11.0	7.30	18.2	YES	0
17	0.1	0.7	53/69	53.6	11.0	7.10	17.0	YES	0
18	0.1	0.5	53/69	39.8	11.0	6.90	15.8	YES	25
19	0.1	0.4	53/69	32.9	11.0	7.00	16.4	YES	18
20	0.2	0.5	53/69	45.1	11.0	7.10	17.1	YES	0
21	0.1	0.8	53/69	60.5	12.0	7.10	15.9	YES	23
22	0.2	0.9	53/69	72.7	9.0	7.20	20.2	YES	20
23	0.2	1.1	53/69	86.5	10.0	7.10	18.3	YES	0
24	0.1	0.8	53/69	60.5	11.0	7.00	16.4	YES	0
25	0.1	0.7	53/69	53.6	12.0	6.90	14.9	YES	21
26	0.1	0.8	53/69	60.5	15.0	6.80	11.4	YES	25
27	0.2	0.6	53/69	52.0	14.0	7.30	14.9	YES	17
28	0.1	0.5	53/69	39.8	15.0	7.10	12.8	YES	16
29	0.1	0.6	53/69	46.7	13.0	7.10	14.6	YES	0
30	0.1	0.7	53/69	53.6	13.0	7.10	14.6	YES	33
31	0.2	0.6	53/69	52.0	13.0	7.20	15.3	YES	22

<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