

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant

Cartridge or Bag Filtration

Month/Year: Feb-23

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	0.00	0.00	0.00	25	0.18	0.18
2	0.00	0.00	0.00	25	0.14	0.14
3	20.00	10.00	10.00	25	0.12	0.12
4	0.00	0.00	0.00	25	0.11	0.11
5	0.00	0.00	0.00	25	0.12	0.12
6	0.00	0.00	0.00	25	0.10	0.10
7	0.00	0.00	0.00	25	0.13	0.13
8	0.00	0.00	0.00	25	0.33	0.33
9	0.00	0.00	0.00	25	0.19	0.19
10	0.00	0.00	0.00	25	0.22	0.22
11	0.00	0.00	0.00	25	0.21	0.21
12	0.00	0.00	0.00	25	0.17	0.17
13	0.00	0.00	0.00	25	0.19	0.19
14	0.00	0.00	0.00	25	0.09	0.09
15	25.00	10.00	15.00	25	0.14	0.14
16	25.00	10.00	15.00	25	0.26	0.26
17	0.00	0.00	0.00	25	0.19	0.19
18	0.00	0.00	0.00	25	0.17	0.17
19	0.00	0.00	0.00	25	0.09	0.09
20	0.00	0.00	0.00	25	0.14	0.14
21	0.00	0.00	0.00	25	0.19	0.19
22	25.00	10.00	15.00	25	0.14	0.14
23	0.00	0.00	0.00	25	0.09	0.09
24	26.00	10.00	16.00	25	0.12	0.12
25	28.00	10.00	18.00	25	0.19	0.19
26	28.00	10.00	18.00	25	0.14	0.14
27	28.00	10.00	18.00	25	0.12	0.12
28	0.00	0.00	0.00	25	0.09	0.09
29				25		
30				25		
31				25		

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: _____
 SIGNATURE: _____ DATE: _____
 PHONE #: () _____ CERT #: _____

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

Feb-23

**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	1.3	53/69	95.0	12.0	7.20	18.8	YES	28
2	0.1	1.3	53/69	95.0	12.0	7.10	15.9	YES	0
3	0.2	1.1	53/69	86.5	13.0	7.40	16.5	YES	20
4	0.1	0.9	53/69	67.4	14.0	7.30	14.7	YES	24
5	0.2	0.9	53/69	72.7	13.0	7.20	15.3	YES	0
6	0.2	1.4	53/69	107.2	13.0	7.20	15.3	YES	20
7	0.2	1.3	53/69	100.3	13.0	7.10	14.7	YES	21
8	0.1	1	53/69	74.3	13.0	7.00	14.0	YES	47
9	0.1	0.9	53/69	67.4	12.0	7.00	15.4	YES	21
10	0.2	1.2	53/69	93.4	13.0	7.20	15.3	YES	0
11	0.2	0.8	53/69	65.8	13.0	7.20	15.3	YES	0
12	0.2	1.3	53/69	100.3	14.0	7.10	13.8	YES	18
13	0.1	1.5	53/69	108.8	13.0	7.00	14.0	YES	25
14	0.2	1.2	53/69	93.4	13.0	7.00	14.2	YES	32
15	0.2	1.2	53/69	93.4	12.0	7.20	16.6	YES	31
16	0.2	1.2	53/69	93.4	13.0	7.20	15.3	YES	21
17	0.1	0.9	53/69	67.4	13.0	7.10	14.6	YES	19
18	0.2	1.6	53/69	121.0	13.0	7.10	14.7	YES	27
19	0.2	1.7	53/69	127.9	14.0	7.10	13.8	YES	22
20	0.1	1.4	53/69	101.9	13.0	7.00	14.0	YES	23
21	0.1	1.4	53/69	101.9	14.0	7.20	14.2	YES	42
22	0.2	1.1	53/69	86.5	13.0	7.00	14.2	YES	18
23	0.1	1.1	53/69	81.2	13.0	7.20	15.1	YES	23
24	0.1	0.9	53/69	67.4	11.0	7.10	17.0	YES	20
25	0.2	0.9	53/69	72.7	12.0	7.20	16.6	YES	18
26	0.1	1.3	53/69	95.0	13.0	7.10	14.6	YES	17
27	0.2	1.3	53/69	100.3	11.0	7.30	18.4	YES	20
28	0.2	1.3	53/69	100.3	13.0	7.30	15.9	YES	28
29			53/69	0.0				NO	
30			53/69	0.0				NO	
31			53/69	0.0				NO	

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