

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Grant  
Month/Year: Mar-23

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	28.00	10.00	18.00	25	0.11	0.11
2	28.00	10.00	18.00	25	0.19	0.19
3	30.00	10.00	20.00	25	0.13	0.13
4	30.00	10.00	20.00	25	0.17	0.17
5	30.00	10.00	20.00	25	0.10	0.10
6	0.00	0.00	0.00	25	0.20	0.20
7	0.00	0.00	0.00	25	0.11	0.11
8	30.00	10.00	20.00	25	0.11	0.11
9	30.00	10.00	20.00	25	0.19	0.19
10	32.00	10.00	22.00	25	0.10	0.10
11	32.00	10.00	22.00	25	0.11	0.11
12	32.00	10.00	22.00	25	0.19	0.19
13	0.00	0.00	0.00	25	0.30	0.30
14	0.00	0.00	0.00	25	0.21	0.21
15	40.00	10.00	30.00	25	0.15	0.15
16	8.00	8.00	0.00	25	0.14	0.14
17	8.00	8.00	0.00	25	0.17	0.17
18	8.00	8.00	0.00	25	0.12	0.12
19	8.00	8.00	0.00	25	0.25	0.25
20	8.00	8.00	0.00	25	0.20	0.20
21	0.00	0.00	0.00	25	0.27	0.27
22	0.00	0.00	0.00	25	0.18	0.18
23	0.00	0.00	0.00	25	0.17	0.17
24	0.00	0.00	0.00	25	0.22	0.22
25	0.00	0.00	0.00	25	0.19	0.19
26	0.00	0.00	0.00	25	0.22	0.22
27	0.00	0.00	0.00	25	0.28	0.28
28	10.00	10.00	0.00	25	0.32	0.32
29	10.00	10.00	0.00	25	0.34	0.34
30	0.00	0.00	0.00	25	0.33	0.33
31	0.00	0.00	0.00	25	0.40	0.40

<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: Pat G...  
SIGNATURE: [Signature]  
DATE: 4-6-23  
PHONE #: (504) 408 2477  
CERT #: D-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

WTP: - A

System Name: Monument, City of ID#: 41 00541 Month/Year Mar-23 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	0.8	53/69	60.5	13.0	7.20	16.4	YES	18
2	0.1	1	53/69	74.3	13.0	7.10	14.6	YES	19
3	0.1	0.8	53/69	60.5	12.0	7.00	15.4	YES	0
4	0.1	1.4	53/69	101.9	12.0	7.10	15.9	YES	24
5	0.1	1.2	53/69	88.1	12.0	7.10	15.9	YES	28
6	0.1	1.2	53/69	88.1	12.0	7.20	16.5	YES	0
7	0.1	1	53/69	74.3	13.0	7.20	15.1	YES	0
8	0.2	1.1	53/69	86.5	12.0	7.00	15.6	YES	18
9	0.1	1.4	53/69	101.9	13.0	7.10	14.6	YES	17
10	0.1	1.5	53/69	108.8	13.0	7.20	15.1	YES	16
11	0.2	1.3	53/69	100.3	13.0	7.30	15.9	YES	23
12	0.2	1.1	53/69	86.5	14.0	7.20	14.3	YES	30
13	0.1	1	53/69	74.3	13.0	7.00	14.0	YES	0
14	0.2	0.9	53/69	72.7	13.0	7.10	14.7	YES	22
15	0.1	0.9	53/69	67.4	13.0	7.10	14.6	YES	30
16	0.1	0.8	53/69	60.5	13.0	7.10	14.6	YES	25
17	0.1	0.9	53/69	67.4	14.0	7.10	13.6	YES	18
18	0.1	0.7	53/69	53.6	13.0	7.00	14.0	YES	25
19	0.1	0.5	53/69	39.8	14.0	7.20	14.2	YES	29
20	0.1	0.9	53/69	67.4	14.0	7.00	13.1	YES	18
21	0.1	1.3	53/69	95.0	14.0	7.00	13.1	YES	27
22	0.1	1.1	53/69	81.2	14.0	7.00	13.1	YES	24
23	0.2	0.9	53/69	72.7	13.0	7.00	14.2	YES	25
24	0.1	1.1	53/69	81.2	13.0	7.10	14.6	YES	0
25	0.1	0.7	53/69	53.6	13.0	7.10	14.6	YES	26
26	0.1	0.8	53/69	60.5	13.0	7.10	14.6	YES	25
27	0.1	0.6	53/69	46.7	13.0	7.10	14.6	YES	19
28	0.2	0.6	53/69	52.0	13.0	7.10	14.7	YES	0
29	0.1	1.1	53/69	81.2	13.0	7.20	15.1	YES	0
30	0.1	1	53/69	74.3	13.0	7.20	15.1	YES	0
31	0.1	0.5	53/69	39.8	14.0	7.10	13.6	YES	19

<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